



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

			Pricing Modifiers Required				Abbreviation(s): CBC = Case By Case			
Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
05/13	A4217	STERILE WATER/SALINE,500 ML	\$2.50				10	1 Month	NO	
07/10	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER (or i-PORT), PER WEEK (LIST DRUG SEPARATELY)		\$19.02			4	1 Month	YES	
04/16	A4222	INFUSION SUPPLIES FOR EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY OR PARENTERAL SUPPLEMENT SEPARATELY)		\$37.38			35	1 Month	YES	
04/16	A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)		\$6.70			175	1 Month	YES	
07/24	A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK		\$24.46			5	1 Month	YES	
01/15	A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE		\$16.00		U1 >10	10	1 Month	Yes, if > max units	
01/15	A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE		\$16.00		U1 >10	10	1 Month	Yes, if > max units	
01/20	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC		\$3.75		U1 >10	10	1 Month	Yes, if > max units	
11/23	A4238	ADJUNCTIVE CGM SUPPLY ALLOWANCE	\$261.95				1	1 Month	YES	
11/23	A4239	NON-ADJUNCTIVE CGM SUPPLY ALLOWANCE	\$255.01				1	1 Month	YES	
01/17	A4310	INSERTION TRAY WITHOUT DRAINAGE BAG WITHOUT CATHETER		\$6.13			2	1 Month	YES	
01/17	A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		\$13.56			2	1 Month	YES	
10/21	A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		\$17.94		U1 >2	2	1 Month	Yes, if > max units	
07/09	A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE		\$3.77		U1 >30	30	1 Month	Yes, if > max units	
01/17	A4340	INDWELLING CATHETER, SPECIALTY TYPE, (E.G. COUDE, MUSHROOM, WING, ETC.) EACH		\$23.97			2	1 Month	YES	
10/23	A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		\$1.62			35	1 Month	NO	
01/24	A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		\$1.92		U1 >120	120	1 Month	Yes, if > max units	
01/24	A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH		\$6.07		U1 >120	120	1 Month	Yes, if > max units	
01/24	A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES		\$7.46		U1 >120	120	1 Month	Yes, if > max units	
01/17	A4354	INSERTION TRYA WITH DRAINAGE BAG WITHOUT CATHETER		\$8.87			2	1 Month	YES	
01/21	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH		\$6.60			2	1 Month	NO	
07/09	A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		\$5.19			2	1 Month	NO	
07/09	A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH		\$0.41			30	1 Month	NO	
01/19	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH		\$2.35		U1 >30	30	1 Month	Yes, if > max units	
07/09	A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ		\$1.99			2	1 Month	NO	
07/09	A4367	OSTOMY BELT, EACH		\$5.39			2	1 Month	NO	
10/15	A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	\$1.94				2	1 Month	NO	
07/09	A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ		\$2.92			10	1 Month	NO	
07/19	A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		\$5.78		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH		\$4.08		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		\$3.49		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		\$4.98		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		\$7.69		U1 >30	30	1 month	Yes, if > max units	
04/23	A4391	URINARY POUCH W EX WEAR BARR		\$5.66		U1 >30	30	1 month	Yes, if > max units	
04/23	A4392	URINARY POUCH W ST WEAR BARR		\$6.54		U1 >30	30	1 month	Yes, if > max units	
04/23	A4393	URINARY PCH W EX WEAR BAR CONV		\$7.23		U1 >30	30	1 month	Yes, if > max units	
07/09	A4397	IRRIGATION SUPPLY; SLEEVE, EACH		\$3.53			5	1 month	NO	
01/17	A4400	OSTOMY IRRIGATION SET		\$33.23			2	1 year	NO	
07/09	A4402	LUBRICANT, PER OUNCE		\$1.09			4	1 Month	NO	
07/09	A4404	OSTOMY RING, EACH		\$1.35			15	1 Month	NO	
07/09	A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE		\$2.72			10	1 Month	NO	
10/15	A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$4.59				4	1 Month	NO	
01/19	A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		\$7.01		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4408	EXT WEAR OST SKN BARR >4 SQ		\$7.90		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		\$4.98		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4410	OST SKN BARR EXTEND >4 SQ		\$7.23		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4412	OST POUCH DRAIN HIGH OUPUT		\$2.16		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4413	2 PC DRAINABLE OST POUCH		\$4.40		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		\$3.94		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4415	OST SKN BARR W/O CONV >4 SQ		\$4.80		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4416	OST PCH CLSD W BARRIER/ NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED Items.		\$2.20		U1 >30	30	1 Month	Yes, if > max units	Page 1 of 1

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	Pricing Modifiers Required				Abbreviation(s): CBC = Case By Case			
			No Modifier	Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
04/23	A4417	FILTR		\$2.98		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4419	OST PCH W BAR/BLTINCONV/FLTR		\$1.39		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4423	OST PCH FOR BAR W LK FL/FLTR		\$1.49		U1 >30	30	1 Month	Yes, if > max units	
10/23	A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH		\$3.80			20	1 Month	NO	
10/23	A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH		\$2.86			20	1 Month	NO	
04/23	A4426	OST PCH DRAIN 2 PIECE SYSTEM		\$2.18		U1 >30	30	1 Month	Yes, if > max units	
07/19	A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH		\$2.56		U1 >30	30	1 Month	Yes, if > max units	
01/19	A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH		\$2.87		U1 >30	30	1 Month	Yes, if > max units	
04/23	A4433	URINE OST PCH BAR W LOCK FLN		\$2.67		U1 >30	30	1 Month	Yes, if > max units	
07/23	A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.09				80	1 Month	NO	
04/24	A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.28				120	1 Month	NO	
07/24	A4453	RECTAL CATHETER FOR USE WITH THE MANUAL PUMP-OPERATED ENEMA SYSTEM (2 BOXES=1 UNIT)		\$1,140.00			1	1 Month	YES	YES
07/09	A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE		\$1.14			2	1 Month	NO	
01/10	A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	\$0.21				50	1 Month	NO	
07/23	A4458	REUSABLE ENEMA BAG		\$6.00			1	1 Month	YES	
07/24	A4459	MANUAL PUMP ENEMA SYSTEM, INCLUDES BALLOON, REUSABLE, ANY TYPE		\$270.00			4	1 year	YES	YES
07/09	A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION		\$4.00		U1 >10	10	1 Month	Yes, if > max units	
07/09	A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH		\$20.11			4	1 year	NO	
07/09	A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH		\$14.19			6	1 year	NO	
07/09	A4510	SURGICAL STOCKINGS FULL LENGTH, EACH		\$26.10			4	1 year	NO	
04/15	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR (COVERED FOR MEMBER OWNED TENS ONLY)	\$16.88				1	1 year	NO	
04/15	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) (COVERED FOR MEMBER OWNED TENS ONLY) [E0720]	\$23.04				1	1 month	NO	
04/15	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) (COVERED FOR MEMBER OWNED TENS ONLY) [E0730]	\$23.04				1	1 month	NO	
01/15	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE		\$53.45			1	3 months	YES	
01/14	A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH		\$13.13			31	1 month	NO	
05/24	A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT [DISPOSABLE]	\$14.00				1	1 month	NO	YES
05/24	A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT [REUSEABLE]		\$125.00			1	1 year	NO	YES
07/09	A4623	TRACHEOSTOMY, INNER CANNULA		\$5.02		U1 >60	60	1 month	Yes, if > max units	
07/09	A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH		\$2.10			100	1 month	NO	
07/14	A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	\$2.55				31	1 month	NO	
07/14	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	\$5.54				2	1 month	NO	
04/15	A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	\$3.14				14	1 month	NO	
07/14	A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$3.70				31	1 month	NO	
07/09	A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH		\$3.48			2	4 months	NO	
07/09	A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH		\$2.86			2	4 months	NO	
07/09	A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.		\$1.45			2	4 months	NO	
10/24	A4663	BLOOD PRESSURE CUFF REPLACEMENT	\$20.00				1	2 years	NO	
10/24	A4670	BLOOD PRESSURE MONITOR	\$35.00				1	5 years	NO	
01/19	A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH		\$1.66		U1 >30	60	1 month	Yes, if > max units	
01/19	A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH		\$1.19		U1 >30	60	1 month	Yes, if > max units	
07/09	A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH		\$1.43		U1 >30	30	1 month	Yes, if > max units	
07/09	A5055	STOMA CAP		\$1.15			30	1 month	NO	
04/23	A5056	1 PC OST POUCH W FILTER		\$4.01			40	1 month	NO	
04/23	A5057	1 PC OST POU W BUILT-IN CONV		\$8.26			40	1 month	NO	
01/24	A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH		\$2.82			20	1 month	NO	
10/24	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH		\$1.78			20	1 month	NO	
10/24	A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH		\$2.16			20	1 month	NO	
10/24	A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH		\$4.81			20	1 month	NO	
10/24	A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH		\$2.54			20	1 month	NO	
10/24	A5081	STOMA PLUG OR SEAL, ANY TYPE		\$3.07			30	1 month	NO	
05/13	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.18				100	1 month	NO	
05/13	A5122	SKIN BARRIER, SOLID, 8 X 8 OR EQUIVALENT, EACH	\$10.28				20	1 month	NO	
05/13	A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	\$16.82				5	1 month	NO	
05/13	A6154	WOUND POUCH, EACH		\$11.50		U1 >20	20	1 month	Yes, if > max units	
04/14	A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	\$5.88				30	1 month	NO	
05/13	A6197	DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	\$13.15				30	1 month	NO	
08/24	A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	\$0.04				200	1 month	NO	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			Abbreviation(s): CBC = Case By Case				
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY	
07/16	A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	\$1.59				120 (60 per site)	1 month	YES		
07/16	A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	\$2.60				50	1 month	YES		
05/13	A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	\$0.10				210	1 month	NO		
05/13	A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	\$0.34				120	1 month	NO		
05/13	A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		\$0.33		U1 >120	120	1 month	NO		
10/14	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES		\$21.94			15	1 month	YES	YES	
10/22	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		\$7.57		U1 >12	12	6 months	Yes, if > max units	YES	
10/22	A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		\$23.14		U1 >3	3	6 months	Yes, if > max units		
04/16	A7002	TUBING, USED WITH SUCTION PUMP, EACH		\$2.61			10	6 months	NO		
07/09	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE		\$20.97			1	6 months			
04/10	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR		\$3.45			2	1 month	NO		
01/21	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET		\$16.04			2	1 month	NO		
04/10	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER		\$3.00			1	1 month	NO		
07/09	A7015	AEROSOL MASK, USED WITH DME NEBULIZER		\$1.50			1	1 month	NO		
04/15	A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY		\$12.15			1	1 month	NO		
07/09	A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		\$347.95			1	1 year	YES		
07/09	A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH		\$23.00			4	1 year	NO		
07/09	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH		\$149.22			1	6 months	YES		
07/09	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH		\$39.63			1	1 month	YES		
07/09	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR		\$16.19			1	1 month	YES		
07/09	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		\$150.91			1	6 months	YES		
07/09	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		\$55.82			1	6 months	YES		
07/09	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH		\$32.42			2	1 month	YES		
07/09	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR		\$22.73			1	1 month	YES		
07/09	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP		\$94.11			1	6 months	YES		
07/09	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$28.87			1	6 months	YES		
07/09	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$12.38			1	6 months	YES		
07/09	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$31.90			1	3 months	YES		
10/19	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$4.27			2	1 month	YES		
07/09	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$10.42			1	6 months	YES		
07/09	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		\$96.73			1	6 months	YES		
07/09	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH		\$15.61			3	1 year	YES		
01/14	A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH		\$105.78			1	6 months	NO		
10/22	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		\$58.09			1	1 month	YES		
01/24	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH [BIOVONA, NON-CUFFED]				U1 - Manually Priced	1	1 month	YES	YES	
10/22	A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		\$57.55			1	1 month	YES		
01/24	A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH [BIVONA, CUFFED]				U1 - Manually Priced	1	1 month	YES	YES	
07/09	A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH		\$36.13			1	1 year	YES		
01/15	A7525	TRACHEOSTOMY MASK, EACH		\$1.66			2	1 month	NO		
10/22	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH		\$2.70		U1 >15 or CBC >21	15	1 month	Yes, if max units or >21	YES, or CBC >21 yrs	
7/21	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES		\$36.00		U1 (CBC >21yr)	15	1 month	YES	YES	
10/22	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED [CUSTOM TRACH TUBES ONLY]				U1 - Manually Priced	1	1 month	YES	YES	
10/22	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED [CUSTOM TRACH TUBES ONLY]				U2 - Manually Priced	1	3 months	YES	NO	
07/09	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		\$5.10			31	1 month	NO	NO	
07/09	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		\$9.65			31	1 month	NO	NO	
07/09	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE		\$6.67			30	1 month	NO	NO	
04/14	B4081	NASOGASTRIC TUBING WITH STYLET		\$18.04			4	1 month	NO	NO	
04/14	B4082	NASOGASTRIC TUBING WITHOUT STYLET		\$13.42			4	1 month	NO	NO	
04/14	B4083	ENTERAL STOMACH TUBE LEVINE		\$2.06			2	1 month	NO	NO	
04/14	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH		\$30.58			1	1 month	YES	YES	

NOTE: See separately for Part 1, Part 2, and Part 3 of the Georgia Medicaid Fee Schedule for Durable Medical Equipment. See also for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	Pricing Modifiers Required			Abbreviation(s): CBC = Case By Case				
			No Modifier	Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
04/14	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH		\$30.58			1	1 month	YES	NO
10/24	B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH		\$128.62			60	1 month	YES	YES
04/23	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.64			900	1 month	YES	YES
04/23	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.70			900	1 month	YES	YES
04/23	B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.58			900	1 month	YES	YES
04/23	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.99			900	1 month	YES	YES
04/23	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.27			900	1 month	YES	YES
04/23	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.99			900	1 month	YES	YES
01/19	B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$4.00			900	1 month	YES	YES
01/19	B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.03			900	1 month	YES	YES
01/19	B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$1.03			900	1 month	YES	YES
01/19	B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$0.93			900	1 month	YES	YES
01/19	B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$3.00			900	1 month	YES	YES
01/19	B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT		\$4.00			900	1 month	YES	YES
04/23	B9002	ENTERAL NUTR INF PUMP ANY TYPE			\$99.10			1 month	YES	YES
04/16	B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE		\$2,040.98	\$323.10		1	NU = 5 yrs RR = 1 mo	YES	
10/22	B9998	MIC-KEY EXTENSION		\$15.00			4	1 month	NO	
01/24	B9998	MINI LOW PROFILE GASTROSTOMY TUBE KIT				U1- \$350	1	1 month	YES	YES
01/24	B9998	MIC-KEY LOW-PROFILE GASTROSTOMY TUBE KIT				U3 - \$250	1	1 month	YES	YES
10/22	B9998	GASTRIC PRESSURE RELIEF SYSTEM				U2 - \$5.00	30	1 month	YES	YES
07/09	E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		\$16.86			1	3 years	NO	
07/09	E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		\$39.29			1	3 years	NO	
07/09	E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		\$39.35			2	1-3 years	NO	
07/09	E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP		\$14.37			2	1-3 years	NO	
07/09	E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH		\$18.86			2	1-3 years	NO	
07/09	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		\$56.18			1	3-5 years	NO	
07/09	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		\$60.46			1	3-5 years	NO	
10/14	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		\$89.13	\$8.91		1	NU= 3-5 yrs RR= 1 mon	NO	
10/14	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		\$89.13	\$8.91		1	NU= 3-5 yrs RR= 1 mon	NO	
07/09	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE		\$459.85	\$45.98		1	NU= 3-5 yrs RR= 1 mon	YES	
01/20	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE		\$178.56			1	3-5 years	NO	
07/09	E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH		\$48.30			2	1 year	NO	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			Abbreviation(s): CBC = Case By Case				
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY	
07/09	E0154	PLATFORM ATTACHMENT, WALKER, EACH		\$56.41			2	1 year	NO		
07/09	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR		\$24.49			1	1 year	NO		
07/09	E0156	SEAT ATTACHMENT, WALKER		\$21.14			1	1 year	NO		
07/09	E0157	CRUTCH ATTACHMENT, WALKER, EACH		\$57.89			2	1 year	NO		
07/09	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)		\$25.74			1	1 year	NO		
07/09	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS		\$88.23	\$18.60		1	NU= 3-5 yrs RR= 1 mon	NO		
01/22	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS		\$148.64			1	3-5 years	NO		
07/09	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY		\$8.16			1	6 months	NO		
07/09	E0184	DRY PRESSURE MATTRESS		\$155.76			1	3 years	YES		
07/09	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$232.23			1	3 years	YES		
04/18	E0194	AIR FLUIDIZED BED			Manually Priced		1	1 month	YES		
07/09	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		\$150.67	\$20.78		1	NU= 3 yrs RR= 1 mon	YES		
07/09	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	\$42.58				1	1 day (up to 5 days)	NO		
07/09	E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		\$157.67			1	2-5 years	NO		
07/18	E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE (CUSTOMIZED, REQUIRES COMPLEX COMPONENTS, INCLUDES ASSEMBLY)				U1 - Manually Priced	1	2-5 years	YES	YES	
07/09	E0241	BATH TUB WALL RAIL, EACH		\$33.10			1	2-5 years	NO		
07/09	E0243	TOILET RAIL, EACH		\$33.10			1	2-5 years	NO		
07/09	E0244	RAISED TOILET SEAT		\$35.41			1	2-5 years	NO		
07/09	E0245	TUB STOOL OR BENCH		\$56.75			1	2-5 years	NO		
07/09	E0246	TRANSFER TUB RAIL ATTACHMENT		\$110.84			2	1 year	NO		
04/24	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS			\$80.56		1	1 month	YES		
04/24	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS			\$112.37		1	1 month	YES		
04/24	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS			\$93.12		1	1 month	YES		
04/24	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS			\$135.92		1	1 month	YES		
04/16	E0271	MATTRESS, INNERSPRING		\$162.43			1	4 years	NO		
07/09	E0276	BED PAN, FRACTURE, METAL OR PLASTIC		\$10.64			1	6 months	NO		
10/21	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS			\$562.78		1	1 month	YES		
07/09	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS			\$209.76		1	1 month	YES		
07/09	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS			\$572.35		1	1 month	YES		
07/09	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS			\$236.35		1	1 month	YES		
07/09	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS			\$489.71		1	1 month	YES		
07/09	E0310	BED SIDE RAILS, FULL LENGTH		\$155.31			2	3-5 years	YES		
07/09	E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE		\$29.11			1	1 year	NO		
07/18	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE (Noah type bed - U1)		\$1,690.20	\$169.02	U1 - Manually Priced	1	5 years	YES	YES	
04/15	E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS (Sleepsafe type bed - U1)		\$4,510.00	\$451.00	U1 - Manually Priced	1	5 years	YES	YES	
07/09	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH			\$344.91		1	1 month	YES		
07/09	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH			\$418.50		1	1 month	YES		
07/09	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS			\$479.39		1	1 month	YES		
07/17	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING			\$158.72		1	1 month	YES		
07/09	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING			\$25.43		1	1 month	YES		
07/09	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE			\$41.30		1	1 month	YES		
07/09	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING			\$25.43		1	1 month	YES		
07/09	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING			\$158.72		1	1 month	YES		
07/09	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$61.96				1	1 month	YES		
07/09	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$61.96				1	1 month	YES		
10/22	E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY [INTERMITTENT]		\$50.00			1	1-2 years	YES	YES	
04/24	E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY [CONTINUOUS]			\$125.00		1	1 month	YES	YES	
01/16	E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G. TRACHEOSTOMY TUBE)			\$844.18		1	1 month	YES		
01/16	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G. MASK, CHEST SHELL)			\$844.18		1	1 month	YES		

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.

Page 5 of 15

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

				Pricing Modifiers Required			Abbreviation(s): CBC = Case By Case			
Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		\$1,980.00	\$205.28		1	NU= 4-5 yrs RR= 1 mon	YES	
07/09	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		\$4,050.00	\$513.74		1	NU= 4-5 yrs RR= 1 mon	YES	
07/09	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL			\$35.46		1	1 month	YES	
02/15	E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES		\$8,513.40			1	3 years	YES	YES
02/15	E0481	BREATHING CIRCUIT FOR USE WITH IPV, REPLACEMENT ONLY				U1 - \$813.40	1	6 months	YES	YES
07/09	E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE		\$3,700.00	\$333.69		1	NU= 5 yrs RR= 1 mon	YES	
01/22	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH			\$850.50		1	NU= 5 yrs RR= 1 mon	YES	YES
10/24	E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH (Aerobika® OPEP Only)		\$50.40			1	1 year	YES	YES
07/09	E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE		\$746.40	\$74.64		1	NU= 5 yrs RR= 1 mon	YES	
07/09	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$85.60	\$8.55		1	NU= 2 yrs RR= 1 mon	YES	
10/19	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		\$240.98	\$24.09		1	NU= 2 yrs RR= 1 mon	YES	
07/20	E0570	NEBULIZER, WITH COMPRESSOR	\$9.05	\$90.50			1	NU= 2 yrs ___ = 1 mon	NO	
07/14	E0574	ALTERA NEBULIZER-ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER, REPLACEMENT ONLY		\$910.00			1	2 years	YES	
07/14	E0574	HANDSET FOR USE WITH ALTERA NEBULIZER, REPLACEMENT ONLY				U1 - \$340.00	1	2 years	YES	
07/09	E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME			\$80.62		1	1 month	NO	
07/09	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER		\$238.50	\$23.85		1	2 years	YES	
07/09	E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		\$292.50	\$32.57		1	NU= 3-5 yrs RR= 1 mon	YES	
11/15	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE		\$893.70	\$89.37		1	NU= 4-5 yrs RR= 1 mon	YES	
07/21	E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE		\$189.00			1	Once	NO	
07/14	E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE			\$55.00		1	3 months	NO	
01/21	E0607	BLOOD GLUCOSE MONITOR HOME (OMNIPOD PDM USE ONLY)				U1 - \$400.00	1	4 years	YES	YES, or CBC >21 yrs
07/09	E0619	APNEA MONITOR, WITH RECORDING FEATURE			\$198.61		1	1 month	YES	
04/14	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)		\$65.27	\$6.29		1	1 year	YES	
04/16	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)			\$73.46		1	1 month	YES	
04/21	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING			\$127.25		1	1 month	YES	
04/18	E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS		Manually Priced			1	3 years	YES	YES
04/18	E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS		Manually Priced			1	3 years	YES	YES
07/09	E0705	TRANSFER DEVICE, ANY TYPE, EACH		\$44.10	\$4.49		1	3-5 years	NO	
10/13	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION			\$49.01		1	1 month	YES	
07/09	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION			\$49.41		1	1 month	YES	
04/24	E0732	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, ANY TYPE			\$40.12		1	1 month	YES	
04/24	E0733	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE			\$40.12		1	1 month	YES	
04/24	E0735	NON-INVASIVE VAGUS NERVE STIMULATOR			\$40.12		1	1 month	YES	
07/09	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS		\$3,050.50			1	5 years	YES	
07/09	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS		\$3,030.73			1	5 years	YES	
07/09	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE		\$2,518.48			1	5 years		
01/24	E0766	ELECTRICAL STIMULAION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE			\$12,231.55		1	3 months	YES	NO
10/15	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER			\$13.06		1	Per Episode (CBC)	YES	
10/15	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS		\$8.30			1	5 years	YES	
10/15	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT			\$205.54		1	5 years	YES	
07/09	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN		\$3,340.60	\$334.06		1	NU= 4 yrs RR= 1 mon	YES	
07/09	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL			\$215.02		1	1 month	YES	
07/09	E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION			\$26.12		1	1 month	NO	
07/09	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR		\$171.32	\$15.04		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR			\$91.58		1	1 month	YES	
07/09	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR		\$236.40	\$23.64		1	NU= 3-5 yrs RR= 1 mon	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Abbreviation(s): CBC = Case By Case		
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization		Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE			\$34.73		1	1 month	NO	
07/09	E0942	CERVICAL HEAD HARNESS/HALTER		\$13.76	\$1.59		1	NU= 1 yr RR= 1 mo	NO	
07/09	E0944	PELVIC BELT/HARNESS/BOOT		\$35.85	\$3.59		1	NU= 1 yr RR= 1 mo	NO	
07/09	E0945	EXTREMITY BELT/HARNESS		\$30.14	\$3.02		2	NU= 1 yr RR= 1 mo	NO	
07/09	E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)			\$40.23		1	1 month	NO	
07/09	E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION		\$429.80	\$42.98		1	NU= 2 yrs RR= 1 mon	NO	
07/09	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION		\$429.80	\$42.98		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		\$70.69	\$7.08		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH		\$15.18	\$1.57		2	NU= 1 yr RR= 1 mo	NO	
07/09	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH		\$12.81	\$1.34		2	NU= 1 yr RR= 1 mo	NO	
01/18	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH		\$58.32	\$5.83		1	NU= 2 yrs RR= 1 mon	YES	
07/18	E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT		\$40.54	\$4.07		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		\$161.74	\$16.18		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		\$78.86	\$7.90		4	NU= 2 yrs RR= 1 mon	YES	
07/09	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		\$110.34	\$11.03		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH		\$343.12	\$34.31		2	NU= 2 yrs RR= 1 mon	YES	
07/09	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH		\$30.80	\$3.07		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		\$72.78	\$7.28		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH		\$20.22	\$2.11		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		\$52.45	\$5.24		1	NU= 1 yr RR= 1 mo	YES	
07/09	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH		\$52.55	\$5.26		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH		\$34.71	\$3.47		2	NU= 1 yr RR= 1 mo	NO	
07/09	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		\$91.98	\$8.76		2	NU= 2 yrs RR= 1 mon	YES	
07/09	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		\$62.73	\$6.65		2	NU= 1 yr RR= 1 mo	YES	
07/09	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		\$34.16	\$3.42		1	NU= 1 yr RR= 1 mo	YES	
07/09	E0980	SAFETY VEST, WHEELCHAIR		\$22.48	\$2.25		1	NU= 1 yr RR= 1 mo	YES	
07/09	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		\$36.47	\$3.65		1	NU= 1 yr RR= 1 mo	YES	
07/09	E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		\$41.22	\$4.12		1	NU= 1 yr RR= 1 mo	YES	
07/09	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL			\$194.33		1	1 month	YES	
07/09	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL		\$1,528.46	\$142.07		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM		\$162.28	\$16.24		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH		\$3,891.39	\$389.14		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		\$93.94	\$9.40		2	NU= 2 yrs RR= 1 mon	YES	
07/09	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		\$64.70	\$6.41		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E0994	ARM REST, EACH		\$11.99	\$1.21		2	NU= 2 yrs RR= 1 mon	NO	
07/09	E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH		\$24.32	\$2.44		2	NU= 2 yrs RR= 1 mon	NO	
07/09	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		\$3,242.57	\$324.26		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION		\$3,513.04	\$351.31		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION		\$3,895.24	\$389.52		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION		\$4,216.29	\$421.62		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION		\$5,164.56	\$516.44		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		\$6,993.02	\$699.30		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION		\$6,993.64	\$699.36		1	NU= 3 yrs RR= 1 mon	YES	
04/18	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH		Manually Priced			1	1 year	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Abbreviation(s): CBC = Case By Case		
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization		Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR		\$915.03	\$91.50		1	NU= 2 yrs RR= 1 mon	YES	
04/18	E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		Manually Priced			1	1 year	YES	YES
01/16	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE EACH		\$760.00	\$76.00		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		\$292.11	\$29.22		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH		\$91.76	\$9.17		1	NU= 1 yr RR= 1 mo	YES	
07/09	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		\$105.05	\$10.51		2	NU= 1 yr RR= 1 mo	YES	
04/18	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH		Manually Priced			1	1 year	YES	
04/18	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH		Manually Priced			1	1 year	YES	
07/09	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE		\$194.73	\$19.46		1	NU= 1 yr RR= 1 mo	YES	
07/16	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY		\$165.23	\$16.52		6	NU= 1 yr RR= 1 mo	YES	
07/09	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		\$295.63	\$29.56		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED		\$932.22	\$93.22		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER			\$34.34		1	1 month	YES	
07/09	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS			\$490.56		1	1 month	YES	
07/09	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE			\$86.79		1	1 month	YES	
07/09	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS			\$14.42		1	1 month	YES	
07/09	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS			\$27.36		1	1 month	YES	
03/14	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$857.28	\$85.73		1	NU= 3-5 yrs RR= 1 mon	YES	
04/18	E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS		Manually Priced			1	3-5 years	YES	
04/18	E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS		Manually Priced			1	3-5 years	YES	
04/18	E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS		Manually Priced			1	3-5 years	YES	
03/14	E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$598.64	\$59.86		1	NU= 3-5 yrs RR= 1 mon	YES	
03/14	E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$428.04	\$42.50		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE		\$1,892.87	\$189.29		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$607.73	\$60.73		1	NU= 3-5 yrs RR= 1 mon	YES	
03/14	E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS		\$689.12	\$68.91		1	NU= 3-5 yrs RR= 1 mon	YES	
03/14	E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS		\$796.08	\$79.61		1	NU= 3-5 yrs RR= 1 mon	YES	
03/14	E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		\$591.68	\$59.17		1	NU= 3-5 yrs RR= 1 mon	YES	
04/18	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION		Manually Priced			1	3-5 years	YES	
07/09	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH			\$32.49		1	1 month	YES	
07/09	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH		\$436.52	\$44.93		1	NU= 3-5 yrs RR= 1 mon	YES	
04/18	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM		Manually Priced			1	3-5 years	YES	YES
07/09	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		\$1,710.73	\$171.08		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		\$1,772.58	\$177.26		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		\$1,543.16	\$154.33		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM		\$1,485.94	\$148.60		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		\$1,310.98	\$131.10		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		\$1,322.44	\$132.24		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		\$1,310.98	\$131.10		1	NU= 2-3 yrs RR= 1 mon	YES	
07/09	E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST		\$824.16	\$82.42		1	NU= 2-3 yrs RR= 1 mon	YES	
04/18	E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		Manually Priced			1	3-5 years	YES	
07/09	E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS			\$63.15		1	1 month	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Abbreviation(s): CBC = Case By Case		
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization		Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS		\$914.56	\$91.46		1	1 month	YES	
04/18	E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		Manually Priced			1	3-5 years	YES	
07/09	E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST			\$97.18		1	1 month	YES	
07/09	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		\$393.34	\$39.95		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY		\$83.69	\$9.30		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION		\$338.92	\$34.68		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE			\$104.61		1	1 month	YES	
07/17	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH			\$71.05		1	1 month	YES	
07/09	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL			\$41.30		1	1 month	YES	
10/19	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		Manually Priced		U1 - (CBC >21 yrs)	1	1 month	YES	YES, or CBC >21 yrs
11/23	E2102	ADJUNCTIVE CGM RECEIVER/ MONITOR		\$205.28			1	3 Years	YES	
11/23	E2103	NON-ADJUNCTIVE CGM RECEIVER/ MONITOR		\$264.96			1	3 Years	YES	
07/09	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES		\$298.48	\$29.85		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		\$379.18	\$37.92		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES		\$383.24	\$38.31		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES		\$650.72	\$65.08		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH		\$26.14	\$2.60		2	NU= 1 yr RR= 1 mo	YES	
07/09	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH		\$32.54	\$3.25		2	NU= 1 yr RR= 1 mo	YES	
07/09	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH		\$34.68	\$3.47		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH		\$95.02	\$9.50		1	NU= 1 yr RR= 1 mo	YES	
07/09	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH		\$85.73	\$8.59		2	NU= 1 yr RR= 1 mo	YES	
07/09	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		\$5.24	\$0.53		8	NU= 1 yr RR= 1 mo	YES	
04/16	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		\$29.28	\$2.91		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		\$4.70	\$0.49		2	NU= 4 mo RR= 1 mo	NO	
01/17	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		\$24.33	\$2.44		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH		\$24.48	\$2.70		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH		\$7.68	\$0.76		2	NU= 4 mo RR= 1 mo	NO	
04/18	E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH		Manually Priced			1	3 years	YES	
04/18	E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH		Manually Priced			1	3 years	YES	
07/16	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION, ANY SIZE, EACH		Manually Priced			1	3 years	YES	
04/16	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH		\$33.48	\$3.78		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH		\$22.82	\$2.20		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH		\$20.44	\$2.06		2	NU= 4 mo RR= 1 mo	NO	
04/16	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		\$16.85	\$1.67		2	NU= 4 mo RR= 1 mo	NO	
07/09	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH		\$66.68	\$7.00		2	NU= 2 yrs RR= 1 mo	YES	
07/09	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$13.92	\$1.39		2	NU= 2 yrs RR= 1 mo	NO	
07/09	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		\$30.35	\$3.03		2	NU= 1 yr RR= 1 mo	NO	
03/14	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		\$1,255.30	\$125.54		1	NU= 4 yrs RR= 1 mon	YES	
03/14	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		\$749.01	\$74.90		2	NU= 2 yrs RR= 1 mo	YES	
04/18	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM		Manually Priced			1	3-5 years	YES	
04/21	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE		\$108.94	\$10.89		1	3-5 years	YES	
04/18	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		Manually Priced			1	1 year	YES	YES
04/18	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		Manually Priced			1	1 year	YES	YES
04/18	E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		Manually Priced			1	1 year	YES	YES

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Abbreviation(s): CBC = Case By Case		
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization		Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
04/18	E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		Manually Priced			1	1 year	YES	YES
04/18	E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE		Manually Priced			1	3-5 years	YES	
04/18	E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE		Manually Priced			1	3-5 years	YES	
07/09	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE		\$936.19	\$93.62		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE		\$1,895.36	\$189.54		1	NU= 2 yrs RR= 1 mon	YES	
03/14	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		\$1,613.37	\$161.34		1	NU= 2 yrs RR= 1 mon	YES	
03/14	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		\$256.21	\$25.62		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE		\$1,271.28	\$127.14		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE		\$1,128.29	\$189.01		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED		\$55.33	\$5.54		1	NU= 1 yr RR= 1 mo	YES	
07/09	E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE		\$35.06	\$3.50		1	NU= 2 yrs RR= 1 mo	YES	
07/09	E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE		\$1,077.46	\$107.76		1	NU= 2 yrs RR= 1 mo	YES	
07/09	E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE		\$277.71	\$27.78		1	NU= 1 yr RR= 1 mo	YES	
07/09	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE		\$2,089.90	\$273.66		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		\$3,964.26	\$396.42		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE		\$1,412.90	\$141.29		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE		\$2,727.67	\$273.76		1	2 years	YES	
04/18	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		Manually Priced			1	2 years	YES	
07/09	E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES		\$286.69	\$28.68		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		\$430.06	\$43.01		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		\$358.38	\$35.84		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES		\$573.42	\$57.34		1	NU= 3 yrs RR= 1 mon	YES	
07/09	E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		\$558.90	\$55.90		1	NU= 2 yrs RR= 1 mon	YES	
01/12	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		\$149.63	\$14.97		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH		\$76.39	\$7.68		1	NU= 1 yr RR= 1 mo	NO	
07/09	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)		\$111.58	\$11.16		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH		\$73.58	\$7.36		1	NU= 1 yr RR= 1 mo	NO	
07/09	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		\$148.80	\$14.89		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH		\$76.39	\$7.68		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		\$89.74	\$8.98		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		\$179.26	\$17.98		1	NU= 1 yr RR= 1 mo	NO	
07/09	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH		\$335.26	\$33.53		1	NU= 1 yr RR= 1 mo	NO	
07/09	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY		\$413.26	\$41.34		2	NU= 2 yrs RR= 1 mon	YES	
07/09	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY		\$359.95	\$36.00		2	NU= 2 yrs RR= 1 mon	YES	
07/09	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY		\$642.27	\$64.23		2	NU= 2 yrs RR= 1 mon	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required		State Modifier (U1,U2, U3) <i>Overutilization</i>	MAX Units	Abbreviation(s): <i>CBC = Case By Case</i>		
				Purchase (NU)	Rental (RR)			Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH		\$120.59	\$12.06		2	NU= 1 yr RR= 1 mo	YES	
04/18	E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH		Manually Priced			1	1 year	YES	
07/09	E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		\$1,006.68	\$100.66		1	NU= 1-2 yrs RR= 1 mon	YES	
07/09	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY		\$427.22	\$42.72		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		\$685.25	\$68.52		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		\$1,073.82	\$107.38		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE		\$388.57	\$38.85		1	NU= 2 yrs RR= 1 mon	YES	
01/13	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		\$443.19	\$44.33		2	NU= 1 yr RR= 1 mo	YES	
07/09	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$60.94	\$6.10		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2382	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$16.62	\$1.66		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH		\$121.50	\$12.15		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$64.73	\$6.49		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$39.60	\$3.97		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$120.41	\$12.04		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$53.99	\$5.40		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$40.31	\$4.03		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$21.89	\$2.19		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$34.23	\$3.42		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH		\$16.40	\$1.64		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH		\$43.10	\$4.32		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$61.40	\$6.15		2	NU= 1 yr RR= 1 mo	NO	
07/09	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		\$43.64	\$4.37		4	NU= 1 yr RR= 1 mo	NO	
07/09	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		\$53.21	\$5.56		4	NU= 1 yr RR= 1 mo	NO	
07/18	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE			\$1,373.17		1	1 month	YES	YES
07/09	E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME		\$312.85	\$31.29		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME		\$956.64	\$95.67		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME		\$1,261.94	\$126.21		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME		\$1,850.37	\$185.03		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE		\$2,861.29	\$286.14		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS		\$5,414.60		U1 - Manually Priced	1	NU= 3-5 yrs RR= 1 mon	YES	YES, or CBC >21 yrs
04/14	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT				U1 - Manually Priced	1	3-5 years	YES	YES, or CBC >21 yrs
04/18	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		Manually Priced			1	3-5 years	YES	YES, or CBC >21 yrs
04/14	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED		Manually Priced		U1, U2, U3 - Manually Priced	1	1 year	YES	YES, or CBC >21 yrs
04/16	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$48.93	\$4.90		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$95.52	\$9.55		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$121.27	\$12.14		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$150.73	\$15.06		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$215.34	\$21.54		1	NU= 1-2 yrs RR= 1 mon	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required		State Modifier (U1,U2, U3) <i>Overutilization</i>	MAX Units	Abbreviation(s): <i>CBC = Case By Case</i>		
				Purchase (NU)	Rental (RR)			Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
04/16	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$335.94	\$33.61		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$231.88	\$23.19		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$278.47	\$27.84		1	NU= 1-2 yrs RR= 1 mon	YES	
04/18	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		Manually Priced			1	1-2 years	YES	
04/18	E2610	WHEELCHAIR SEAT CUSHION, POWERED		Manually Priced			1	1-2 years	YES	
07/09	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$249.88	\$24.98		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$338.03	\$33.80		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$314.43	\$31.45		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$435.14	\$43.52		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$361.86	\$36.19		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$486.86	\$48.69		1	NU= 2 yrs RR= 1 mon	YES	
04/18	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE		Manually Priced			1	2 years	YES	
07/09	E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH		\$41.06	\$4.10		2	NU= 1 yr RR= 1 mo	YES	
07/09	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$438.16	\$43.82		1	NU= 2 yrs RR= 1 mon	YES	
07/09	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		\$459.81	\$45.98		1	NU= 2 yrs RR= 1 mon	YES	
04/16	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$239.74	\$23.98		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$305.06	\$30.51		1	NU=1-2 yrs RR= 1 mon	YES	
04/16	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		\$241.71	\$24.18		1	NU= 1-2 yrs RR= 1 mon	YES	
04/16	E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		\$305.99	\$30.59		1	NU= 1-2 yrs RR= 1 mon	YES	
04/18	E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		Manually Priced			1	3-5 years	YES	YES
04/18	E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		Manually Priced			1	3-5 years	YES	YES
04/18	E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		Manually Priced			1	3-5 years	YES	YES
07/09	K0001	STANDARD WHEELCHAIR			\$37.62		1	1 month	YES	
07/09	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR			\$55.65		1	1 month	YES	
07/09	K0003	LIGHTWEIGHT WHEELCHAIR			\$70.77		1	1 month	YES	
07/09	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR			\$90.87		1	1 month	YES	
07/09	K0005	ULTRALIGHTWEIGHT WHEELCHAIR		\$1,479.01	\$147.89		1	NU= 3-5 yrs RR= 1 mo	YES	
07/09	K0006	HEAVY DUTY WHEELCHAIR			\$100.33		1	1 month	YES	
07/09	K0007	EXTRA HEAVY DUTY WHEELCHAIR			\$140.41		1	1 month	YES	
07/09	K0009	OTHER MANUAL WHEELCHAIR/BASE		\$646.40	\$64.64		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH		\$145.36	\$14.54		2	NU= 2 yrs RR= 1 mon	YES	
01/16	K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH		\$40.89	\$4.09		2	NU= 2 yrs RR= 1 mon	YES	
01/16	K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH		\$22.84	\$2.27		2	NU= 2 yrs RR= 1 mon	YES	
07/09	K0019	ARM PAD, EACH		\$13.59	\$1.36		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		\$37.17	\$3.72		1	NU= 2 yrs RR= 1 mon	YES	
07/09	K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		\$38.53	\$3.44		2	NU= 2 yrs RR= 1 mon	NO	
07/09	K0038	LEG STRAP, EACH		\$19.41	\$1.94		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0039	LEG STRAP, H STYLE, EACH		\$43.10	\$4.32		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		\$59.74	\$5.96		2	NU= 2 yrs RR= 1 mon	YES	
07/09	K0041	LARGE SIZE FOOTPLATE, EACH		\$42.34	\$4.25		2	NU= 2 yrs RR= 1 mon	NO	
07/09	K0042	STANDARD SIZE FOOTPLATE, EACH		\$29.14	\$2.90		2	NU= 2 yrs RR= 1 mon	NO	
07/09	K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		\$15.62	\$1.56		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0044	FOOTREST, UPPER HANGER BRACKET, EACH		\$13.31	\$1.34		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0045	FOOTREST, COMPLETE ASSEMBLY		\$45.30	\$4.67		2	NU= 2 yrs RR= 1 mon	NO	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Abbreviation(s): CBC = Case By Case		
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization		Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		\$15.62	\$1.56		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		\$61.18	\$6.14		2	NU= 1 yr RR= 1 mo	YES	
07/09	K0050	RATCHET ASSEMBLY		\$26.00	\$2.59		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		\$42.09	\$4.23		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		\$73.95	\$7.39		2	NU= 2 yrs RR= 1 mon	YES	
07/09	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		\$81.61	\$8.15		2	NU= 2 yrs RR= 1 mon	YES	
07/09	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR		\$76.08	\$7.61		1	NU= 1 yr RR= 1 mo	YES	
07/09	K0065	SPOKE PROTECTORS, EACH		\$35.57	\$3.56		2	NU= 1 yr RR= 1 mo	YES	
07/09	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH		\$79.94	\$8.33		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH		\$146.53	\$14.66		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH		\$87.40	\$8.74		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		\$52.61	\$5.26		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0073	CASTER PIN LOCK,EACH		\$27.84	\$2.78		2	NU= 1 yr RR= 1 mo	YES	
07/09	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		\$47.08	\$4.70		2	NU= 1 yr RR= 1 mo	YES	
07/09	K0098	DRIVE BELT FOR POWER WHEELCHAIR		\$21.77	\$2.18		1	NU= 1 yr RR= 1 mo	YES	
07/09	K0105	IV HANGER, EACH		\$79.54	\$7.94		1	NU= 3 yrs RR= 1 mon	YES	
04/23	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		\$167.44	\$16.74		1	NU= 3 yrs RR= 1 mon	YES	
07/09	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH		\$0.88			4	2 months	YES	
07/09	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH		\$5.09			4	2 months	NO	
07/09	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH		\$0.46			4	2 months	NO	
07/09	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH		\$4.87			1	6 months	NO	
06/12	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE			\$1,814.56		1	1 month (6 rentals per lifetime)	YES	
07/09	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		\$24.17	\$2.43		2	NU= 1 yr RR= 1 mo	NO	
07/09	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING			\$41.30		1	1 month	YES	
04/13	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES				U1 - \$10.73 U2 - Manually Priced	U1 = 14 U2 = 1	6 months	YES	
04/13	K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES				U1 - \$10.73 U2 - Manually Priced	U1 = 14 U2 = 1	6 months	YES	
07/09	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$1,034.22	\$103.42		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$1,667.38	\$166.72		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$1,886.93	\$188.69		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$1,251.13	\$125.11		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$1,898.44	\$189.84		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$2,937.28	\$293.72		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$1,929.92	\$192.99		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$2,470.24	\$247.02		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$2,813.04	\$281.30		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$2,693.92	\$269.39		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$2,061.28	\$206.13		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$2,646.16	\$264.62		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,198.00	\$319.80		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,218.96	\$321.90		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$3,874.16	\$387.42		1	NU= 3-5 yrs RR= 1 mon	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	Pricing Modifiers Required				Abbreviation(s): CBC = Case By Case			
			No Modifier	Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization	MAX Units	Billing period	Prior Authorization (PA)	Under < 21 years of age ONLY
07/09	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$3,546.56	\$354.66		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$5,015.44	\$501.54		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS			\$426.47		1	1 month	YES	
07/09	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		\$5,526.56	\$552.66		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE		\$5,074.96	\$507.50		1	NU= 3-5 yrs RR= 1 mon	YES	
04/18	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
07/09	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,245.92	\$324.59		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,366.00	\$336.60		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$3,874.16	\$387.42		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$3,465.84	\$346.58		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$5,015.44	\$501.54		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		\$7,598.64	\$759.86		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,454.88	\$345.49		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$3,454.88	\$345.49		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$4,159.68	\$415.97		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$4,227.52	\$422.75		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$4,064.56	\$406.46		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$4,903.84	\$490.38		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$4,714.96	\$471.50		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$5,666.08	\$566.61		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDSPOWER WHEELCHAIR,		\$5,820.48	\$582.05		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		\$7,710.88	\$771.09		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		\$7,284.08	\$728.41		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$4,537.84	\$453.78		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$4,628.80	\$462.88		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS		\$5,630.08	\$563.01		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$5,369.36	\$536.94		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$8,043.28	\$804.33		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		\$4,545.12	\$454.51		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		\$5,630.08	\$563.01		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		\$8,043.28	\$804.33		1	NU= 3-5 yrs RR= 1 mon	YES	
07/09	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		\$9,571.60	\$957.16		1	NU= 3-5 yrs RR= 1 mon	YES	
04/18	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS		Manually Priced			1	3-5 years	YES	

NOTE: See Appendix D in the Part II Policies and Procedures Manual for Durable Medical Equipment Services for policy guidelines on MANUALLY PRICED items.



GA Medicaid DME Services Fee Schedule

Revision Date: October 1, 2024

Effective or Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Pricing Modifiers Required			MAX Units	Billing period	Abbreviation(s): CBC = Case By Case	
				Purchase (NU)	Rental (RR)	State Modifier (U1,U2, U3) Overutilization			Prior Authorization (PA)	Under < 21 years of age ONLY
04/18	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		Manually Priced			1	3-5 years	YES	
04/18	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		Manually Priced			1	3-5 years	YES	YES
04/18	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		Manually Priced			1	3-5 years	YES	YES
07/09	L8500	ARTIFICIAL LARYNX, ANY TYPE		\$441.62			1	1 year	YES	
07/09	L8501	TRACHEOSTOMY SPEAKING VALVE		\$98.08			3	1 year	NO	
05/12	S8185	FLUTTER DEVICE		\$29.74			2	1 month	NO	
07/09	S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)		\$22.00			1	2 years	NO	
10/17	T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.60				250	1 month	YES	YES
10/17	T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.60				250	1 month	YES	YES
10/17	T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.80				250	1 month	YES	YES
10/17	T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.90				250	1 month	YES	YES
10/17	T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	\$0.60				250	1 month	YES	YES
10/17	T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	\$0.60				250	1 month	YES	YES
10/17	T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.80				250	1 month	YES	YES
10/17	T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	\$0.90				250	1 month	YES	YES
10/17	T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	\$0.60				250	1 month	YES	YES
10/17	T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.60				250	1 month	YES	YES
10/17	T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	\$0.80				250	1 month	YES	YES
10/17	T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.90				250	1 month	YES	YES
10/17	T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.34				250	1 month	YES	YES
10/17	T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.60				250	1 month	YES	YES
10/17	T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.50				31	1 month	YES	YES
10/17	T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	\$0.50				50	1 month	YES	YES
10/17	T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	\$0.94				250	1 month	YES	YES