

Department of Health and Social Services Specialized Medical Equipment Fee Schedule

The following are the Medicaid payment rates for specialized medical equipment and supplies (SME) that are covered for recipients under the waiver programs.

Schedule A – Vehicle Modifications and Repairs			
Description	Unit and Limit	Max Rate/Unit	Procedure Code
Permanent hand controls for recipient's personal vehicle.	1 every 7 years, one vehicle only	As approved not to exceed \$1,400 for purchase and installation	T2039
Internal Van lift, for recipient's personal vehicle.	1 every 7 years, one vehicle only	As approved, not to exceed \$8,900 for purchase and installation	T2039
Repairs limited to hand controls and internal van lifts.	As approved	As approved	T2039
Installation of wheelchair tie down on recipient's personal vehicle.	1 every 3 years	As approved	T2039

Note A: Warranty on vehicle modification will be verified for repair and parts coverage prior to any approval of such.

Schedule B – Various Repairs			
Description	Unit and Limit	Max Rate/Unit	Procedure Code
Parts for <ul style="list-style-type: none"> • stair lift • platform lift • ceiling lift Excluding homes licensed under AS 47.32	As approved	Per Note B	A9900 U2
Labor for <ul style="list-style-type: none"> • stair lift • platform lift • ceiling lift Excluding homes licensed under AS 47.32	As approved	Per Note B	K0739 U2
Repair of items in Schedule D limited to: <ul style="list-style-type: none"> • reclining lift chair • combination sit to stand system • standing frame system 	As approved	As approved	T2029

Note B: Approval for repairs and parts will be verified for warranty coverage prior to any approval of such.

The department will pay separately for labor and repair parts for specialized medical equipment from this schedule with the following limitations

- 1) payment for labor costs will not exceed \$20 for each 15 minutes;
- 2) the billing for a repair part must reflect a charge that complies with the applicable standards in 7 AAC 43.040;

- 3) labor and repair parts for the item must be documented as necessary; and documentation in the provider's record must include
- a statement signed by the recipient or the recipient's authorized representative, that describes the cause for and nature of the repair;
 - a description of the item being repaired and its serial number, if available;
 - the beginning and end dates of warranty coverage, if available; and
 - documentation for labor charges that includes the amount of actual time spent on the repair and the hourly rate charged for the repair.

Schedule C – Shipping			
Description	Unit and Limit	Max Rate/Unit	Procedure Code
Shipping, of an item from lower 48 is limited to <ul style="list-style-type: none"> • portable ramps • reclining lift chairs • combination sit to stand system • standing frame system • therapy mat • over bed tables 		As approved	A9900 U2
Shipping, delivery to location outside of vendors normal delivery area (within Alaska).		As approved	A9901 U2

Schedule D – Various			
Description	Unit and Limit	Max Rate/Unit	Procedure Code
Reacher to pick up objects.	1 every 2 years	\$25	A9281
Over bed tables.	1 every 7 years	\$125	E0274 U2
Combination sit to stand system with seat lift feature, with or without wheels, for adults (21 years old and older).	1 every 7 years, not to exceed \$3,200	As approved	E0637 U2
Emergency Response System, install and test	1 for recipient's personal residence	\$45	S5160
Emergency Response System	Per month	\$40	S5161
Hand held low vision aids and other non-spectacle mounted aids.	1 every 2 years	\$25	V2600
Toothettes.	Lot of 250	\$45	T2029
Sock donners.	1 every 2 years	\$15	T2029
Big handle assistive eating device, each device can be a spoon, fork, or knife.	6 devices every year	\$20 each	T2029
Adaptive Cup.	2 every 2 years	\$25 each	T2029
Adaptive Bowl.	2 every 2 years	\$30 each	T2029
Adaptive Plate.	2 every 2 years	\$25 each	T2029
Toileting assistance item. Self wipe aid to help reach and wipe.	1 every 2 years	\$45	T2029
Handheld shower	1 every 2 years	\$50	T2029
Alarmed Medication Dispenser.	1 every 2 years	\$60	T2029
Push button/rocker switches, mountable power switch for devices.	2 every 5 years	\$60 each	T2029
Humidifiers portable.	1 every 5 years	\$100	T2029
Air purifier (must use HEPA filter).	1 every 5 years	\$150	T2029
HEPA air filter replacement.	4 every year	\$35 each	T2029
Pressure alarms, bed/chair, sensor pad and alarm.	1 every 2 years	\$160	T2029
Individual therapy foam Mat 4'X6'X2"	1 every 4 years	\$200	T2029

Portable wheelchair ramp, hinged, aluminum, 4ft. up to 5 ft.	1 every 6 years	\$210	T2029
Portable wheel chair ramp, hinged, aluminum, over 5 ft. up to 7ft.	1 every 6 years	\$270	T2029
Portable wheelchair ramp, hinged, aluminum, over 7ft. up to 10ft.	1 every 6 years	\$450	T2029
Reclining lift chair for recipients 375 pounds or under.	1 every 5 years	\$980	T2029
Reclining lift chair for recipients 376 pounds to 500 pounds OR as determined necessary for the recipient to have a seat width between 26 and 29.5 inches by a physical or occupational therapist.	1 every 5 years	\$1,300	T2029
Reclining lift chair for recipients 501 pounds to 700 pounds OR as determined necessary for the recipient to have a seat width of 30 inches or greater by a physical or occupational therapist.	1 every 5 years	\$2,600	T2029