

## 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.

**Effective January 1, 2014**

<b>Schedule A – Vehicle Modifications and Repairs</b>			
<b>Description</b>	<b>Unit and Limit</b>	<b>Max Rate/Unit</b>	<b>Procedure Code</b>
Permanent hand controls for recipient's personal vehicle. <i>(Submitted to the Dept. as an itemized estimate to include all costs related to installation)</i>	1 every 5 years, one vehicle only	As approved not to exceed \$1,400 for purchase and installation	T2039
Wheelchair Van-Lift. Applications include only internal van lifting arm systems specifically adapted for vans used as the recipient's personal vehicle. Includes side or rear door applications. Excludes all custom floor-ramp ejection systems. <i>(Submitted to the Dept. as an itemized estimate for all costs related to installation)</i>	1 every 7 years, one vehicle only	As approved, not to exceed \$8,900 for purchase and installation	T2039
Repairs limited to hand controls, van lifts and wheelchair tie-downs. <i>(Submitted to the Dept. as an itemized estimate for all costs related to repair)</i>	As approved	As approved	T2039
Installation of wheelchair tie-down in recipient's personal vehicle.	As approved	As approved	T2039

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

<b>Schedule B – Various Repairs</b>			
<b>Description</b>	<b>Unit and Limit</b>	<b>Max Rate/Unit</b>	<b>Procedure Code</b>
Parts for Repair & Preventive maintenance of: <ul style="list-style-type: none"> <li>• stair lift            Excludes homes</li> <li>• platform lift        licensed under</li> <li>• ceiling lift           AS 47.32</li> </ul>	As approved	Per Note B	A9900 U2
Labor for Repair & Preventive Maintenance of: <ul style="list-style-type: none"> <li>• stair lift            Excludes homes</li> <li>• platform lift        licensed under</li> <li>• ceiling lift           AS 47.32</li> </ul>	As approved	Per Note B	K0739 U2
Repair of reclining lift chair in Schedule D	As approved	As approved	T2029

**Note B:** Approval for repairs and parts will be verified for warranty coverage prior to any approval of such. Preventive Maintenance not already covered as part of warranty will comply with the manufacturer's recommended interval.

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) a statement signed by the recipient or the recipient's authorized representative, that describes the cause for and nature of the repair;
  - b) a description of the item being repaired and its serial number, if available;
  - c) the beginning and end dates of warranty coverage, if available; and
  - d) documentation for labor charges that includes the amount of actual time spent on the repair and the hourly rate charged for the repair.

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

<b>Schedule D – Various</b>			
<b>Description</b>	<b>Unit and Limit</b>	<b>Max Rate/Unit</b>	<b>Procedure Code</b>
Reacher to pick up objects.	1 every 2 years	\$25	A9281
Over bed tables.	1 every 7 years	\$125	E0274 U2
Emergency Response System, install and test	1 for recipient's personal residence	\$45	S5160
Emergency Response System	Per month	\$45	S5161
Hand held low vision aids and other non-spectacle mounted aids.	1 every 2 years	\$25	V2600
Toothettes.	Lot of 250	\$45	T2028
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	\$35	T2029
Alarmed Medication Dispenser.	1 every 2 years	\$65	T2029
Push button/rocker switches, mountable power switch for devices.	2 every 5 years	\$55 each	T2029
Humidifiers portable.	1 every 5 years	\$85	T2029
Air purifier (must use HEPA filter).	1 every 5 years	\$125	T2029
HEPA air filter replacement.	4 every year	\$35 each	T2029
Pressure alarms, bed/chair, sensor pad and alarm.	1 every 2 years	\$140	T2029

Individual therapy foam Mat 4'X6'X2"	1 every 4 years	\$210	T2029
Portable wheelchair ramp, hinged, aluminum, 4ft. up to 5 ft.	1 every 6 years	\$280	T2029
Portable wheel chair ramp, hinged, aluminum, over 5 ft. up to 7ft.	1 every 6 years	\$460	T2029
Portable wheelchair ramp, hinged, aluminum, over 7ft. up to 9 ft.	1 every 6 years	\$700	T2029
Portable wheelchair ramp, hinged, aluminum, 9 ft. up to 10 ft.	1 every 6 years	\$960	
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	\$1,140	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	\$2,650	T2029

**Note D:** Lift chairs are specifically intended as a device to promote independence for those individuals that have difficulty sitting and standing. Individuals that cannot ambulate or perform weight bearing maneuvers are not candidates for this assistive mobility device. **Contemporaneous** documentation by the provider in accordance with 7 AAC 130.305 must clearly demonstrate that the recipient can benefit from a lift chair for its intended purpose as an aid to mobility.