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

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit and Limit</th>
<th>Max Rate/Unit</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent hand controls for recipient’s personal vehicle.</td>
<td>1 every 7 years, one vehicle only</td>
<td>As approved not to exceed $1,400 for purchase and installation</td>
<td>T2039</td>
</tr>
<tr>
<td>Internal Van lift, for recipient’s personal vehicle.</td>
<td>1 every 7 years, one vehicle only</td>
<td>As approved not to exceed $8,900 for purchase and installation</td>
<td>T2039</td>
</tr>
<tr>
<td>Repairs limited to hand controls and internal van lifts.</td>
<td>As approved</td>
<td>As approved</td>
<td>T2039</td>
</tr>
<tr>
<td>Installation of wheelchair tie down on recipient’s personal vehicle.</td>
<td>1 every 3 years</td>
<td>As approved</td>
<td>T2039</td>
</tr>
</tbody>
</table>

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

### Schedule B – Various Repairs

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit and Limit</th>
<th>Max Rate/Unit</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parts for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- stair lift</td>
<td>Excluding homes</td>
<td>As approved</td>
<td>A9900 U2</td>
</tr>
<tr>
<td>- platform lift</td>
<td>licensed under AS 47.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ceiling lift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- stair lift</td>
<td>Excluding homes</td>
<td>As approved</td>
<td>K0739 U2</td>
</tr>
<tr>
<td>- platform lift</td>
<td>licensed under AS 47.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ceiling lift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair of items in Schedule D limited to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- reclining lift chair</td>
<td></td>
<td>As approved</td>
<td>T2029</td>
</tr>
<tr>
<td>- combination sit to stand system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- standing frame system</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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;

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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.

### Schedule C – Shipping

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit and Limit</th>
<th>Max Rate/Unit</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shipping, of an item from lower 48 is limited to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- portable ramps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- reclining lift chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- combination sit to stand system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- standing frame system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- therapy mat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- over bed tables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As approved</td>
<td></td>
<td></td>
<td>A9900 U2</td>
</tr>
<tr>
<td>Shipping, delivery to location outside of vendors normal delivery area (within Alaska).</td>
<td></td>
<td></td>
<td>A9901 U2</td>
</tr>
</tbody>
</table>

### Schedule D – Various

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit and Limit</th>
<th>Max Rate/Unit</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reacher to pick up objects.</td>
<td>1 every 2 years</td>
<td>$25</td>
<td>A9281</td>
</tr>
<tr>
<td>Over bed tables.</td>
<td>1 every 7 years</td>
<td>$125</td>
<td>E0274 U2</td>
</tr>
<tr>
<td>Combination sit to stand system with seat lift feature, with or without wheels, for adults (21 years old and older).</td>
<td>1 every 7 years, not to exceed $3,200</td>
<td>As approved</td>
<td>E0637 U2</td>
</tr>
<tr>
<td>Emergency Response System, install and test</td>
<td>1 for recipient’s personal residence</td>
<td>$45</td>
<td>S5160</td>
</tr>
<tr>
<td>Emergency Response System</td>
<td>Per month</td>
<td>$40</td>
<td>S5161</td>
</tr>
<tr>
<td>Hand held low vision aids and other non-spectacle mounted aids.</td>
<td>1 every 2 years</td>
<td>$25</td>
<td>V2600</td>
</tr>
<tr>
<td>Toothettes.</td>
<td>Lot of 250</td>
<td>$45</td>
<td>T2029</td>
</tr>
<tr>
<td>Sock donners.</td>
<td>1 every 2 years</td>
<td>$15</td>
<td>T2029</td>
</tr>
<tr>
<td>Big handle assistive eating device, each device can be a spoon, fork, or knife,</td>
<td>6 devices every year</td>
<td>$20 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Adaptive Cup.</td>
<td>2 every 2 years</td>
<td>$25 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Adaptive Bowl.</td>
<td>2 every 2 years</td>
<td>$30 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Adaptive Plate.</td>
<td>2 every 2 years</td>
<td>$25 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Toileting assistance item. Self wipe aid to help reach and wipe.</td>
<td>1 every 2 years</td>
<td>$45</td>
<td>T2029</td>
</tr>
<tr>
<td>Handheld shower</td>
<td>1 every 2 years</td>
<td>$50</td>
<td>T2029</td>
</tr>
<tr>
<td>Alarmed Medication Dispenser.</td>
<td>1 every 2 years</td>
<td>$60</td>
<td>T2029</td>
</tr>
<tr>
<td>Push button/rocker switches, mountable power switch for devices.</td>
<td>2 every 5 years</td>
<td>$60 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Humidifiers portable.</td>
<td>1 every 5 years</td>
<td>$100</td>
<td>T2029</td>
</tr>
<tr>
<td>Air purifier (must use HEPA filter).</td>
<td>1 every 5 years</td>
<td>$150</td>
<td>T2029</td>
</tr>
<tr>
<td>HEPA air filter replacement.</td>
<td>4 every year</td>
<td>$35 each</td>
<td>T2029</td>
</tr>
<tr>
<td>Pressure alarms, bed/chair, sensor pad and alarm.</td>
<td>1 every 2 years</td>
<td>$160</td>
<td>T2029</td>
</tr>
<tr>
<td>Individual therapy foam Mat 4”X6”X2”</td>
<td>1 every 4 years</td>
<td>$200</td>
<td>T2029</td>
</tr>
<tr>
<td>Description</td>
<td>Frequency</td>
<td>Cost</td>
<td>Code</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Portable wheelchair ramp, hinged, aluminum, 4ft up to 5 ft.</td>
<td>1 every 6 years</td>
<td>$210</td>
<td>T2029</td>
</tr>
<tr>
<td>Portable wheelchair ramp, hinged, aluminum, over 5 ft. up to 7ft.</td>
<td>1 every 6 years</td>
<td>$270</td>
<td>T2029</td>
</tr>
<tr>
<td>Portable wheelchair ramp, hinged, aluminum, over 7ft. up to 10ft.</td>
<td>1 every 6 years</td>
<td>$450</td>
<td>T2029</td>
</tr>
<tr>
<td>Reclining lift chair for recipients 375 pounds or under.</td>
<td>1 every 5 years</td>
<td>$980</td>
<td>T2029</td>
</tr>
<tr>
<td>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.</td>
<td>1 every 5 years</td>
<td>$1,300</td>
<td>T2029</td>
</tr>
<tr>
<td>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.</td>
<td>1 every 5 years</td>
<td>$2,600</td>
<td>T2029</td>
</tr>
</tbody>
</table>

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