

**Department of Health and Social Services
Specialized Medical Equipment Fee Schedule
2011**

The following are the Medicaid payment rates for specialized medical equipment and supplies (SME) that are covered for recipients under the waiver programs. All SME items and services listed in the fee schedules are for the recipient to be used in their personal vehicle and residence. Only an SME provider approved by the department may bill Medicaid and receive reimbursement for providing SME. Licensed facilities (i.e. assisted living homes and foster care) where waiver recipients reside, or that provides waiver services to recipients, shall not bill Medicaid for SME. Licensed facilities will be reimbursed for SME through the rate established by reporting such costs on the required cost survey tool in accordance with 7 AAC 145.535.

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	\$1,400	T2039
Van lift, for recipient's personal vehicle.	1 every 7 years	As approved, not to exceed \$8,900	T2039
Repairs limited to hand controls and van lifts.	As approved	As approved	T2039
Installation of wheelchair tie down on recipient's personal vehicle.	1 every 7 years	As approved	T2039

Note: 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 	As approved	As approved	A9900 U2
Labor for <ul style="list-style-type: none"> • stair lift • platform lift • ceiling lift 	As approved	As approved	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: Approval for repairs and parts will be verified for warranty coverage prior to any approval of such.

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
Standing frame system, multi-position (e.g., 3-way stander) any size, with or without wheels (21 years old and older).	1 every 7 years	\$850	E0641 U2
Standing frame system, mobile (dynamic stander), any size (21 years old and older).	1 every 7 years	\$850	E0642 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
Sock donners.	1 every 2 years	\$15	T2029
Big handle assistive eating device, each device can be a spoon, fork, or knife.	3 devices every year	\$20 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.	1 every 10 years	\$210	T2029
Portable wheel chair ramp, hinged, aluminum, 6ft.	1 every 10 years	\$270	T2029
Portable wheelchair ramp, hinged, aluminum, 8ft.	1 every 10 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.	1 every 5 years	\$1,300	T2029
Reclining lift chair for recipients 501 pounds to 700 pounds.	1 every 5 years	\$2,600	T2029