



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Division of Health Care Policy
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PROVIDER LETTER

TO: Durable Medical Equipment Provider (PT 90 / PL #A-42)

DATE: October 20, 2023

RE: DME Changes

The Kentucky Department for Medicaid Services is informing providers of the following changes:

- Coverage of the following items are on the DME fee schedule and should be provided under DME Provider type 90 for ages 3 and up:
 - Incontinence Supplies, including:
 1. Diapers/Briefs; and
 2. Protective Underpads.
- Prior Authorizations are being removed with an effective date of 09/15/2023.
 - A diagnosis of fecal or urinary incontinence is required and should be included.

- Rates were increased for the following codes:

HCPCS CODE	OLD RATE	NEW RATE
T4521	\$0.74 each	\$0.78 each
T4522	\$0.78 each	\$0.81 each
T4526	\$0.78 each	\$0.95 each
T4527	\$0.86 each	\$0.98 each

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T4528	\$0.86 each	\$0.98 each
T4529	\$0.49 each	\$0.73 each
T4530	\$0.55 each	\$0.73 each
T4531	\$0.7 each	\$0.87 each
T4532	\$0.85 each	\$0.87 each
T4533	\$0.67 each	\$0.75 each
T4534	\$0.84 each	\$0.89 each
T4543	\$1.29 each	\$1.54 each

- Newly added as payable under PT-90:
 - T4537- INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE with a rate of \$21.00 each, limit of 6 per year
 - T4540- INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE with a rate of \$16.00 each and a limit of 6 per year.

The Department does not provide billing instruction to providers. The information provided herein has been offered to clarify coverage under the DME Provider Type pursuant to 907 KAR 1:479 and 907 KAR 11:034.

Sincerely,

Justin Dearing

Electronically signed by:
Justin Dearing, Acting Director
Division of Health Care Policy
Department for Medicaid Services

JD/js/kl