

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

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*****CORRECTED VERSION*****

PROVIDER LETTER

TO: Provider Type 90 Medical Supplies, Equipment, and Appliances (MSEA)Providers (formerly Durable Medical Equipment (DME) Providers)

DATE: July 18, 2024

RE: DME Changes Provider Letter #A-47 – CORRECTED

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

 A required name change per the Centers for Medicare and Medicaid Services will appear on Regulation, State Plan Amendment, and the Fee schedule. Durable Medical Equipment (DME) will be changing to Medical Supplies, Equipment, and Appliances (MSEA)

The information provided herein has been offered to clarify changes under the DME/MSEA Provider Type pursuant to 907 KAR 1:479.

Sincerely,

Justin Dearinger

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

JD/js/kl

