



**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 Providers (PT 90 / PL #A-44)

**DATE:** February 16, 2024

**RE:** DME Additions to Fee Schedule

The following items on the Durable Medical Equipment (DME) fee schedule will be provided for Medicaid members under DME Provider type 90 for all ages:

- o A4930 - Gloves-Sterile;
- o A4927 - Gloves NON-Sterile; and
- o A9286 - Disposable Wipes.

Pursuant to 907 KAR 1:479, reimbursement is Manufacturer Suggested Retail Price (MSRP) minus 18%. Prior Authorization and Certificate of Medical Necessity (CMN) must be provided.

Effective date of this change was December 1, 2023.

If you have any questions, please email [DivisionofHealthCarePolicy@ky.gov](mailto:DivisionofHealthCarePolicy@ky.gov).

Sincerely,

*Justin Dearing*

Electronically signed by:

Justin Dearing, Director  
Division of Health Care Policy  
Department for Medicaid Services

JD/js/kl