



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

Division of Health Care Policy
275 East Main Street 6 W-D
Frankfort, Kentucky 40621
(502) 564-6890
chfs.ky.gov

Andy Beshear
GOVERNOR

Justin Dearing
DIRECTOR

Eric Friedlander
SECRETARY

Lisa Lee
COMMISSIONER

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.

Sincerely,

Justin Dearing

Electronically signed by:

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

JD/js/kl