



Global Commitment Register

December 26, 2024

GCR 25-003
 PROPOSED

Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule Update

Policy Summary:

The Department of Vermont Health Access (DVHA) has conducted its annual review of the Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) fee schedule. DMEPOS reimbursement will change from 98% to 87.5% of the Medicare October 2024 fee schedule. This change is being made to keep the reimbursement rates budget neutral for Calendar Year 2025.

Additional information on the reimbursement methods includes:

- The Medicare Vermont-specific rural rate will be used for all Medicaid-covered codes where available. If no Vermont-specific rural rate is available, the Vermont-specific non-rural rate will be used. DVHA used the most recently available Medicare DMEPOS fee schedule. The most up to date rates available were the Medicare October 2024 rates.
- DVHA will follow Medicare methodologies and adopt increased rates for codes that can be billed with the KU modifier. This modifier may be appended to a variety of wheelchair accessories and seat back cushions used with complex rehabilitative manual wheelchairs and certain manual wheelchairs. The KU modifier will be allowed to be billed on claims when appropriate per Medicare guidelines.
- To align with Medicare's Capped Rental update, DVHA will be adding the following procedure code to the Medicaid Capped Rental list as rental only codes.

HCPCS	Description
E0736	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR

- The following codes reimbursement methodology will have established rates as there's now a corresponding Medicare rate available. Previously these codes were manually priced by DVHA and required the purchase invoice to be submitted with the claim. Purchase invoices will no longer be required for reimbursement and claims may be

submitted electronically for faster processing for dates of service on or after January 1, 2025.

HCPCS	Description
A6534	GRADIENT COMPRESSION STOCKING THIGH LENGTH, 30-40 MM HG EACH
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG EACH
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MM HG EACH
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE 30-40 MM HG, EACH
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE 40-50 MM HG EACH
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG, EACH
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MM HG, EACH
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG EACH
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH
B4148	ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK
K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTOR, MICROPROCESSORS, SENSORS

L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHTS, INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED

Effective Date:

January 1, 2025

Authority/Legal Basis:

[Medicaid State Plan](#)

This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

December 26, 2024 – January 26, 2025

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Reimbursement information can be found in the [Vermont Medicaid Fee Schedule](#)

The draft Global Commitment Amended State Plan page provides additional details on the proposed changes; copies of the draft page can be requested from local Department for Children

and Families (DCF) offices or from the Department of Vermont Health Access (DVHA) at (802) 355-8843, or can be found on [Agency of Human Services website](#).