



Automated Medical Payments

# Medicaid Bulletin

## Colorado Title XIX

Fiscal Agent



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Denver, CO 80202

### Medicaid Provider Services

303-534-0146  
1-800-237-0757

### Mailing Addresses

Claims & PARs  
P.O. Box 30  
Denver, CO 80201-0030

### Correspondence, Inquiries & Adjustments

P.O. Box 90  
Denver, CO 80201-0090

### Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100  
Denver, CO 80201-1100

### Medicaid Fiscal Agent Information on the Internet

[coloradomedicaid.consultec-inc.com](http://coloradomedicaid.consultec-inc.com)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Supply & Pharmacy Providers

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# Urgent Read Immediately

## New Rates for Purchased Durable Medical Equipment

The Colorado Medicaid Program has established new rates for many medical equipment and supply products. Colorado Medicaid currently bases DME reimbursement on either a fixed rate associated with a product or through a by-invoice type of methodology. The by-invoice process requires the providers to submit documentation regarding the manufacturer's cost to them. Colorado Medicaid adds 20% to this amount. The new rates are being implemented gradually in separate and distinct phases. The first phase includes the Rehabilitation/Wheelchair category. Many codes that are currently reimbursed by-invoice have been assigned a new fixed rate. Rates for other codes have been adjusted either up or down. A few codes have been changed from a fixed rate to by-invoice reimbursement.

Colorado Medicaid and representatives from the Colorado Association of Medical Equipment Suppliers (CAMES) have developed the new rates based on recommendations from CAMES members. It is critical to implement the new rates as quickly as possible. The Department of Health Care Policy & Financing and the CAMES representatives have had concerns about the large number of products requiring billing via paper claims. The claims billed by-invoice were inefficient for both the Department and the providers. Paper claims are time consuming and labor intensive. Both groups worked together to develop a more appropriate and manageable group of rates.

The attached new rates for the Rehabilitation/Wheelchair category were effective April 1, 2001. The next phase includes new rates for the Orthosis & Prosthesis category. This will be followed by a similar review of the Medical Supply category. The final phase is the Oxygen & Oxygen Equipment category. Notification of rate changes in these categories will be made in future Medicaid Bulletins. Colorado Medicaid intends to complete the entire process in a timely fashion.

Please direct questions about the information in this bulletin to:

**Medicaid Provider Services**

**303-534-0146**

**or 1-800-237-0757 (toll free Colorado)**

Product Code	Description	New Medicaid Rate
A4635	Underarm pad replacement, crutch, pair	\$4.58
A4636	Handgrip replacement, cane, crutch, or walker, pair	\$4.01
A4640	Replacement pad for use with medically necessary alternating pressure pad	\$55.26
E0100	Cane, all materials, adjustable or fixed with tip	\$18.83
E0105	Cane, quad or 3 prong, all materials, adjustable or fixed w/tips	\$39.40
E0110	Crutches, forearm, all materials, adjustable or fixed, complete, pair	\$98.33
E0111	Crutch, forearm, all material, adjustable or fixed with tip and	\$51.56
E0114	Crutches, underarm, other than wood, adjustable or fixed, each with pad, pair	\$38.34
E0116	Crutch - each w/pad tip	\$19.16
E0130	Walker, rigid, adjustable or fixed height, each	\$52.50
E0135	Walker, folding, adjustable or fixed height, each	\$73.31
E0141	Rigid walker, wheeled, without seat	\$109.97
E0142	Walker, rigid, wheeled, without seat, each	\$164.01
E0143	Walker, folding, wheeled, without seat, each	\$114.68
E0144	Enclosed walker with rear seat	\$303.75
E0153	Platform attachment, forearm crutch, each	\$81.67
E0155	Wheel attachment, rigid pick-up walker, pair	\$51.87
E0156	Seat attachment, walker	\$33.00
E0158	Leg extensions for walker, set of 4	\$36.00
E0159	Brake attachment for wheeled walker	\$45.00
E0160	Sitz type bath, portable, fits over commode	\$21.52
E0163	Commode chair, stationary, with fixed arms, each	\$80.00
E0164	Commode chair, mobile, with fixed arms, each	\$173.03
E0165	Commode chair, stationary, with detachable arms, each	\$210.00
E0166	Commode chair, mobile with detachable arms, each	\$252.60
E0167	Pail or pan for use with commode chair, each	\$12.50
E0175	Footrest, for use with commode chair, each	\$80.32
E0176	Air pressure pad or cushion, nonpositioning	\$100.72
E0177	Water pressure pad or cushion	\$88.46
E0178	Gel or gel-like pressure pad or cushion, nonpositioning	\$115.74
E0181	Pressure pad, alternating with pump	\$195.00
E0184	Dry pressure mattress	\$157.85
E0189	Sheepskin pad, lambswool, any size	By-Invoice
E0192	Low pressure and positioning equalization pad	\$400.00
E0197	Air pressure pad for mattress, std mattress length and width	\$250.00
E0199	Dry pressure pad for mattress, standard mattress length and width	By-Invoice
E0241	Bathtub wall rail, each	\$20.33
E0242	Bathtub rail, floor base, each	\$125.00
E0246	Transfer tub rail attachment, each	\$48.00
E0250	Hospital bed, fixed height, with any type side rails, with mattress	\$750.00
E0255	Hospital bed, variable height, Hi-lo, with any type side rails, with mattress	\$750.00
E0260	Hospital bed, semi-electric (head & foot adjustments)	\$1,050.00
E0265	Hospital bed, total electric (head, foot & height adjustments)	\$1,050.00
E0271	Mattress, innerspring	\$195.00
E0272	Mattress, foam, rubber	\$187.81
E0275	Bedpan, standard, metal or plastic	\$10.00
E0305	Bed side rails, half length, pair	\$175.00
E0310	Bed side rails, full length, pair	\$175.00
E0315	Bed accessory: board, table, or support device any type	By-Invoice
E0325	Urinal, male, jug-type, any material, each	\$4.50
E0326	Urinal, female, jug-type, any material, each	\$8.00
E0621	Sling or set, patient lift, canvas or nylon	By-Invoice
E0700	Safety equipment (harness or vest)	By-Invoice
E0710	Restraints, any type (body, chest, wrist, or ankle)	By-Invoice

Product Code	Description	New Medicaid Rate
E0860	Traction equipment, overdoor, cervical	\$36.75
E0870	Traction frame, attached to footboard	\$94.30
E0880	Traction stand free standing extremity	\$101.78
E0890	Traction frame, attached to footboard	\$97.62
E0900	Traction stand, free stand, pelvic traction	\$103.88
E0942	Cervical head harness/halter	\$18.93
E0943	Cervical pillow, each	\$26.39
E0945	Extremity belt or harness, each	\$42.28
E0962	Cushion, 1"	\$56.74
E0963	Cushion, 2"	\$68.71
E0964	Cushion, 3"	\$68.71
E0965	Cushion, 4"	\$68.71
E0969	Narrowing device	\$182.00
E0977	Wedge cushion	\$53.03
E1230	Power operated vehicle 3 or 4 wheel	\$2,100.00
E1340	Labor, repair, 1 unit = 15 minutes	\$15.50
K0002	Standard Hemi (low seat) Wheelchair	\$618.91
K0003	Lightweight Wheelchair	\$746.00
K0004	High strength lightweight Wheelchair	\$800.00
K0005	Ultra-lightweight Wheelchair	\$1,500.00
K0006	Heavy Duty Wheelchair	\$956.00
K0010	Standard weight frame motorized/power wheelchair	\$4,200.00
K0011	Standard weight frame motorized/power wheelchair - with control parameters	\$5,052.00
K0012	Lightweight motorized portable wheelchair	\$4,100.00
K0015	Detachable, non-adj height armrest, each	\$173.31
K0016	Detachable, adjustable height armrest, each	\$145.53
K0017	Detachable, adjustable armrest lower base, each	\$92.80
K0018	Detachable, adjustable armrest, upper portion, each	\$50.49
K0020	Fixed, adj height armrest, pair	\$98.20
K0023	Solid back insert, planar, attached w/straps	\$89.75
K0024	Solid back insert, planar, w/adj hook on hardware	\$246.50
K0026	Back Upholstery for ultra lightweight or high strength	\$68.85
K0027	Back upholstery for other than ultra or high strength	\$47.20
K0030	Solid Seat Insert Planar	\$87.79
K0032	Seat upholstery for ultra lightweight or high strength	\$76.90
K0033	Seat upholster for other than ultra or high strength	\$47.20
K0035	Heel loop with ankle strap, each	\$24.71
K0037	High mount flip-up footrest, each	\$170.00
K0038	Leg Strap, each	\$26.35
K0039	Leg strap, H style, each	\$45.00
K0040	Adjustable angle footplate, each	\$80.20
K0041	Large Size footplate, each	\$50.47
K0042	Standard Size Footplate, each	\$35.00
K0043	Footrest, lower ext tube, each	\$19.07
K0045	Footrest, Complete assembly	\$132.15
K0046	Elevating legrest, lower ext tube, each	\$18.55
K0047	Elevating legrest, upper hanger bracket, each	\$165.77
K0048	Elevating legrest, complete assembly	By-Invoice
K0049	Calf Pad, each	\$25.00
K0050	Ratchet Assembly	\$24.40
K0051	Cam release assembly (swingaway latch), each	\$10.93
K0052	Swing away detachable footrests, each	\$62.30
K0054	Seat Width of 10, 11, 12, 15, 17, or 20" for high strength	By-Invoice
K0055	Seat Depth of 15, 17, or 18" for a high strength lightweight	By-Invoice

Product Code	Description	New Medicaid Rate
K0056	Seat Height<17" or equal to or greater than 21" for high strength, lightweight	By-Invoice
K0059	Plastic coated handrim, each	\$72.37
K0060	Steel Handrim, each	\$52.20
K0061	Aluminum handrim, each	\$64.90
K0062	Handrim projections, 8-10 vert or oblique, each	\$97.50
K0063	Handrim projections, 12-16 vert or oblique, each	\$97.50
K0065	Spoke protectors, each	\$86.93
K0066	Solid tire, any size, each	\$50.00
K0067	Pneumatic tire, any size, each	\$22.50
K0068	Pneumatic tire tube, each	\$10.50
K0069	Rear wheel assembly, complete, w/solid tire, spokes or molded, each	\$150.00
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	\$187.50
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	By-Invoice
K0073	Caster pin lock, each	\$87.67
K0074	Pneumatic caster tire, any size, each	\$18.00
K0075	Semi pneumatic caster tire, any size, each	\$27.30
K0076	Solid caster tire, any size, each	\$14.77
K0078	Pneumatic caster tire tube, each	\$8.05
K0079	Wheel lock extensions, pair	\$40.00
K0080	Anti roll back device, pair	\$90.00
K0082	22 NF deep cycle lead acid battery, each	\$78.00
K0083	22 NF gel cell, each	\$129.20
K0084	Group 24 deep cycle lead acid battery, each	\$87.73
K0085	Group 24 gel cell battery, each	\$158.10
K0086	U-1 lead acid battery, each	\$72.00
K0087	U-1 gel cell battery, each	\$102.20
K0088	Battery charger, lead acid	\$251.45
K0089	Battery charger, dual mode, new chairs or repairs	\$461.37
K0090	Rear tire for power wheelchair, any size, each	\$34.00
K0091	Rear wheel tire tube other than zero pressure for PWC,	\$12.00
K0092	Flat free insert rear power wheelchair each	\$30.00
K0093	Flat free insert caster power wheelchair each	\$30.00
K0098	Drive belt for power wheelchair	\$27.25
K0100	Amputee adapter, pair	By-Invoice
K0101	One arm drive attachment	By-Invoice
K0102	Crutch and cane holder, each	\$57.12
K0103	Transfer board < 25"	\$52.50
K0104	O2 cylinder tank carrier	\$136.00
K0105	IV hanger	\$125.00
K0106	Arm trough, each	\$102.21
K0452	Wheelchair bearings, any type	\$9.25
X2003	Specialized Stroller	By-Invoice
X2065	Transfer bench, each	\$93.50
X2072	Tub stool or bench, padded, each - inside tub	\$168.00
X2074	Transfer bench, padded, each	\$175.00
X2076	Toilet seat, padded, raised, each	\$120.00
X2078	Hand Held Shower	\$33.00
X2100	Cushion Covers	\$52.00
X2117	Side guards, weather guards	\$47.50
X2119	Quick release axles, 1 pr	\$62.67
X2230	Labor, dealer prep 1 unit = 15 min, max \$500.00	\$15.50
X2975	Repair & labor to client owned equipment plus parts, max \$150.00 in 6 mos	\$15.50