This tip sheet provides information about submitting encounters for Durable Medical Equipment (DME) services reimbursed through the Statewide Medicaid Managed Care (SMMC) Program.

**DME Provider Type and Enrollment/Registration Information**

Florida Medicaid requires providers of DME services to be enrolled or registered as Provider Type 90, Durable Medical Equipment/Medical Supplies.

The following entities may enroll in the Medicaid DME and Medical Supply Services Program:

- Businesses that supply DME and medical supplies
- Orthopedic Physicians groups that supply orthotic and prosthetic devices that are not otherwise included in the physician’s office visit charge
- Optometrists and Opticians who supply prosthetic eyes
- Pharmacies that supply DME and medical supplies

**Transactions Appropriate for DME Services**

The following DME services may be submitted on either an 837P (Professional) encounter X12 transaction, or on a D.0 Pharmacy encounter transaction:

- Blood Glucose Monitors
- Blood Glucose Test Strips
- Blood Lancets
- Insulin Syringes

**HCPCS Codes Allowable When Billing DME Services**

The Medicaid DME and Medical Supply Services Program uses the following sections from Healthcare Common Procedure Coding System (HCPCS):

- *A codes* – *Medical Supplies*
- *B codes* – *Enteral and Parenteral Therapy and Supplies*
- *E codes* – *Durable Medical Equipment*
- *K codes* – *Wheelchairs and wheelchair-related components*
- *L codes* – *Orthotic and Prosthetic devices*
- *S codes* – *Insulin syringe*
- *V codes* – *Ocular prosthesis*

For a full list of allowable DME HCPCS codes, please refer to the current Durable Medical Equipment Provider Fee Schedule located on the Provider [Fee Schedule] page of the Florida Web Portal.
NDC and Modifier Requirements for DME Services

The National Drug Code (NDC) is required on all encounters that contain HCPCS drug codes.

Certain procedure codes have modifiers that are used with the HCPCS procedure codes to more fully describe the procedure performed.

If a code modifier is listed on the DME and Medical Supply Services Provider Fee Schedules or the Durable Medical Equipment/Medical Supply Services Coverage and Limitations Handbook, the modifier must be used with the HCPCS procedure code.

DME and Medical Supply Services Included in Nursing Facility Per Diem

DME covered in the per diem rate includes the equipment that the nursing facility is required to have available for residents' use. Examples of medical equipment that the nursing facility is required to have available are hospital beds, standard wheelchairs, walkers, Geri-chairs, crutches, canes, bedside commodes, traction equipment, blood pressure equipment, protective restraints, ventilators and respiratory equipment including routine oxygen, lifts, nebulizers, air mattress, weight scales, and gait belts.

In addition, the per diem covers other types of equipment that are included in the resident’s plan of care, are prescribed by the resident’s physician, and are covered under the Medicaid Durable Medical Equipment and Medical Supplies Program. Any piece of Durable Medical Equipment prescribed by the attending physician while the recipient is in a nursing facility is included in the per diem and is not reimbursable through Medicaid.

Medical equipment items included in the per diem rate belong to the facility and cannot be taken home when the resident leaves.

Additional Florida Medicaid DME Policy Resources Available Online


- For more information regarding SMMC and related policies, visit the Agency’s website at [http://www.ahca.myflorida.com/smmc](http://www.ahca.myflorida.com/smmc).

DXC is here to help!

For assistance with encounter denials, enrollment issues, billing and eligibility inquiries please contact Health Plan Support at healthplan.support@dxc.com.

Health plans are encouraged to regularly review the Managed Care area within with Florida Medicaid Web Portal for educational materials and other important information.