

Date: 04/21/09

## Web Announcement 254

### Attention Provider Type 33 and Other Providers Who Bill DME and Supplies: Maximum Limits Set on Certain Items

Effective with dates of service on and after March 11, 2009, the Division of Health Care Financing and Policy (DHCFP) has set maximum service limits on the following Healthcare Common Procedure Coding System (HCPCS) codes for Durable Medical Equipment (DME) and supplies:

Code	Description	Limit
A4927	Gloves, non sterile, 100/box (1 box = 1 unit)	8 units per month
A4930	Gloves, sterile, per pair	20 units per month
A5500	Diabetic shoe custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	1 unit per foot per calendar year
A5513	Diabetic multiple density insert, custom molded, each	1 unit per foot per month, max 6 units per year
A6456	Zinc paste impregnated bandage, non-elastic, per yard	2 units per month
A6530	Gradient compression stocking, below knee, each	1 unit per leg per 6 months
A7000	Canister, disposable, used with suction pump, each	10 units per month
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	1 unit per foot per calendar year

For the above codes A5500, A5513 and A6530: When the same code is billed for bilateral items (left and right) on the same date of service, the items must be billed on separate claim lines using the “LT” or “RT” modifiers and 1 unit of service per line. This does not apply to Medicare crossover claims.

These limits will be added to the next revision of the [DMEPOS Fee Schedule](#).