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GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**

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April 3, 2024

Ms. Emily Caudill, Regulations Compiler  
Legislative Research Commission  
083, Capitol Annex  
702 Capitol Avenue  
Frankfort, Kentucky 40601

Re: 907 KAR 1:479. Medical supplies, equipment, and appliances covered benefits and reimbursement.

Dear Regulations Compiler:

After discussions with various stakeholders of the issues raised by 907 KAR 1:479, the Department for Medicaid Services proposes the attached agency amendment to 907 KAR 1:479.

If you have any questions, please feel free to contact Jonathan Scott, Regulatory and Legislative Advisor with the Department for Medicaid Services at (502) 564-4321 ext. 2015.

Sincerely,

Lucie Estill  
Staff Assistant  
Office of Legislative and Regulatory Affairs

4/3/2024  
Agency Amendment  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Medicaid Services  
Division of Health Care Policy

907 KAR 1:479. Medical supplies, equipment, and appliances covered benefits and reimbursement.

Page 4  
Section 1(12)(a)  
Line 3

Delete “and”.

Page 4  
Section 1(12)(b)  
Line 4

After “yearly” insert “; and”.

Page 4  
Section 1(12)(b)  
Line 6

Before the period, insert the following:

(c) Is consistent with and informed by this administrative regulation and the applicable Centers for Medicare and Medicaid Services published DMEPOS Fee Schedule

Page 12  
Section 4(6)(e)  
Lines 6-7

After “(e)”, insert the following:

For a child under the age of six (6) years,

After “coverage of a formula”, insert “:”, delete the period, and begin a new subparagraph “1.” before “A letter from WIC”;

After “prior authorization request”, insert the following:

for a prescribed formula that is included on an official posting, publication, or publicly available listing of the most current WIC formulary; or

2. If a prescribed formula is not included on an official posting, publication, or publicly available listing of the most current WIC formulary, a letter shall not be required to accompany any prior authorization request

Page 13

**Section 6(11)(b)1.**

**Line 7**

Delete "For adults,"

**Page 13**

**Section 6(11)(b)2.a.**

**Lines 10-11**

After "percentile", insert the following:

or who requires an enteral access device for alternate means of nutrition

**Page 13**

**Section 6(11)(b)2.b.**

**Line 13**

After "mental", insert ", behavioral,"

**Page 20**

**Section 8(1)(c)**

**Line 4**

After "eighteen (18) percent", insert the following:

, or if not available, invoice price plus twenty (20) percent

**Page 20**

**Section 8(2)(a)**

**Line 10**

After "eighteen (18) percent" insert the following:

, or if not available, invoice price plus twenty (20) percent