




Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
DME/DMS Transmittal No. 6
January 13, 2026

TO: Disposable Medical Supplies Providers
 Durable Medical Equipment Providers
 Prosthetic & Orthotic Providers

FROM: Jamie Smith, Director 
 Office of Long Term Services & Supports

RE: DME/DMS Fee Schedule Updates, Effective January 1, 2026

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal updates the fee schedule for the Maryland Medicaid Durable Medical Equipment and Disposable Medical Supplies, Oxygen and Respiratory (DME/DMS/OXYGEN), and Prosthetics and Orthotics, effective January 1, 2026.

Fee Schedule Availability

The fee schedule can be found on the [Division of Community Support Services](#) website under the 'Approved Items List' section. Providers may bill the updated rates for items furnished on or after January 1, 2026.

Beginning January 1, 2026, the Division of Community Support Services will update the fee schedule on a quarterly basis, consistent with Medicare update cycles. Updates will occur on January 1, April 1, July 1, and October 1.

Hydrophilic Catheter HCPCS Code Updates

Effective January 1, 2026, Maryland Medicaid will adopt three new HCPCS codes and modify two existing codes to more specifically identify intermittent urinary catheters with hydrophilic coating technology, aligning with the Centers for Medicare & Medicaid Services (CMS).

New HCPCS Codes, Effective January 1, 2026	
HCPCS	Description
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies

Updated HCPCS Codes, Effective January 1, 2026	
HCPCS	Description
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or etc.), each

Prior to the creation of these codes, hydrophilic catheters were billed using HCPCS codes A4351, A4352, or A4353. For dates of service on or after January 1, 2026, suppliers must discontinue use of A4351, A4352, and A4353 when billing for hydrophilic catheters and instead bill using A4295, A4296, or A4297, as applicable. HCPCS codes A4351, A4352, and A4353 may continue to be used for intermittent urinary catheters that do not have hydrophilic coating technology.

National Correct Coding Initiative Medically Unlikely Edits Alignment

Beginning with the January 1, 2026, Maryland Medicaid DME/DMS fee schedule, Maryland Medicaid will align the unit of service (UOS) limits for DME/DMS codes with the National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE) report from CMS. An MUE represents the maximum number of units of service that CMS considers clinically reasonable for a single beneficiary on a single date of service.

Maryland Medicaid will adjust the UOS on each code according to the following criteria:

- (1) If Maryland Medicaid’s current UOS limit is lower than the MUE, the UOS will be increased to match the MUE;
- (2) If Maryland Medicaid’s current UOS limit is higher than the MUE, and more than 50% of medically appropriate Maryland Medicaid claims in the past two years exceeded the MUE limit, the current UOS limit will remain unchanged; and
- (3) If Maryland Medicaid’s current UOS limit is higher than the MUE, and 50% or fewer medically appropriate Maryland Medicaid claims in the past two years were billed below the MUE limit, the UOS will be decreased to match the MUE.

Coverage Expansion for Continuous Glucose Monitors

Effective January 1, 2026, Medicaid will expand coverage of continuous glucose monitors to include beneficiaries with Type 2 Diabetes Mellitus who require insulin for management. Previously, CGM coverage was limited to beneficiaries with Type 1 Diabetes Mellitus. This expansion is part of Medicaid’s biomarker benefit expansion authorized under [Senate Bill 805 \(2023\)](#). An additional transmittal will be released in the near future outlining the updated coverage information.

For questions regarding this transmittal, please contact the DME/DMS office at MDH.DCSS@maryland.gov or 410-767-7283.