

**ALABAMA MEDICAID AGENCY**  
**Clinical Services and Support Division DME**  
**Program Procedures**

**DME Provider Reimbursement Adjustment Review Request**

**Date: September 2020**

Alabama Medicaid Durable Medical Equipment (DME) providers may request a review of the current provider reimbursement rate for DME related procedure codes. The purpose of the request is for the Agency's consideration of a reimbursement rate adjustment.

**Process**

Providers requesting a reimbursement adjustment review must submit the request in writing. The request should include, at a minimum, the following information:

1. Name, address and phone number of the requesting provider
2. Procedure code number and description
3. Medicaid's current reimbursement rate
4. Requested reimbursement rate
5. Provider's invoice(s)

The request should be emailed to [heather.vega@medicaid.alabama.gov](mailto:heather.vega@medicaid.alabama.gov) or faxed to 334-242-2236, ATTN: DME Department.

**Notification**

Once the requested information is received and reviewed, the Agency will:

- Notify the requesting provider of Agency's decision, no later than 60 calendar days after all requested information has been submitted
- Update all applicable price listings (when applicable)
- DME Fee Schedule changes will be reflected in scheduled quarterly update