

WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4206	N			Syringe with needle; sterile 1CC or less, each				
A4206		Y	N	Syringe with needle; sterile 1CC or less, each	\$0.22	60 PER MO.		N
A4207	N			Syringe with needle; sterile 2cc, each				
A4207		Y	N	Syringe with needle; sterile 2cc, each	\$0.18	60 PER MO.		N
A4208	N			Syringe with needle; sterile 3cc, each				
A4208		Y	N	Syringe with needle; sterile 3cc, each	\$0.17	60 PER MO.		N
A4209	N			Syringe with needle; sterile 5cc or greater, each				
A4209		Y	N	Syringe with needle; sterile 5cc or greater, each	\$0.23	150 PER MO.		N
A4213	N			Syringe, sterile, 20cc or greater, each				
A4213		Y	N	Syringe, sterile, 20cc or greater, each	\$0.63	70 PER MO.	C	N
A4213	59	Y	N	Syringe, 50/60 cc	\$1.32	35 PER MO.	C	N
A4215	N			Needle, sterile, any size, each				
A4215		Y	N	Needle, sterile, any size, each	\$0.08	200 PER MO.		Y
A4215	22	Y	N	Insulin pen needles	\$0.26	100 PER MO.		Y
A4215	59	Y	N	Huber needles	\$3.03	12 PER MO.	C	Y
A4216	N			Sterile water, saline and/or dextrose (Diluent), 10 ML				
A4216		Y	N	Sterile water, saline and/or dextrose (Diluent), 10 ML	\$0.12	100 PER MO.		N
A4217	N			Sterile water/saline, 500 ml				
A4217		Y	N	Sterile water/saline, 500 ml	\$1.86	35 PER MO.	C	N
A4218	N			Sterile saline or water, metered dose dispenser, 10 ML				
A4218		N	N	Sterile saline or water, metered dose dispenser, 10 ML	\$0.36	200 PER MO.		N
A4230	N			Infusion set for external insulin pump, non needle cannula type				
A4230		N	N	Infusion set for external insulin pump, non needle cannula type	\$10.38	12 PER MO.	C	Y
A4230	22	N	N	IV Administration set with or without filter, specialty type	\$11.60	20 PER MO.	C	Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4231	N			Infusion set for external insulin pump, needle type				
A4231		N	N	Infusion set for external insulin pump, needle type	\$6.24	12 PER MO.	C	Y
A4231	22	N	N	IV Administration set with or without filter, standard type	\$6.48	20 PER MO.	C	Y
A4232	N			Syringe with needle for external insulin pump, sterile 3cc				
A4232		N	N	Syringe with needle for external insulin pump, sterile 3cc	\$3.25	12 PER MO.	C	Y
A4232	22	N	N	IV Catheter or Butterfly	\$3.34	20 PER MO.	C	Y
A4233	N			Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each				
A4233		Y	N	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	\$2.47	4 TOTAL PER MO. A4233-A4236	C	Y
A4234	N			Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each				
A4234		Y	N	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.47	4 TOTAL PER MO. A4233-A4236	C	Y
A4235	N			Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each				
A4235		Y	N	Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.47	4 TOTAL PER MO. A4233-A4236	C	Y
A4236	N			Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each				
A4236		Y	N	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.47	4 TOTAL PER MO. A4233-A4236	C	Y
A4244	N			Alcohol per pint				
A4244		Y	Y	Alcohol per pint	\$1.44	3 PER MO.	C	N
A4250	N			Urine test or reagent strips or tablets (100 tablets or strips)				
A4250		Y	N	Urine test or reagent strips or tablets (100 tablets or strips)	\$15.13	2 PER MO.	C	Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4253	Y			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics				
A4253	KS	Y	N	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics	\$36.69	4 PER 3 MO.	C	Y
A4253	KX	Y	N	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE I Diabetics	\$36.69	3 PER MO.	C	Y
A4256	N			Normal, low and high calibrator solution/chips				
A4256		Y	N	Normal, low and high calibrator solution/chips	\$11.55	1 PER MO.	C	Y
A4258	N			Spring Powered Device for Lancet, each				
A4258		Y	N	Spring Powered Device for Lancet, each	\$14.46	1 PER 6 MO.	C	Y
A4258	22	Y	N	Insulin pen	\$33.01	1 PER 3 MO.	C	Y
A4259	Y			Lancets, per box of 100 TYPE II Diabetics				
A4259	KS	Y	N	Lancets, per box of 100 TYPE II Diabetics	\$8.67	2 PER 3 MO.	C	Y
A4259	KX	Y	N	Lancets, per box of 100 TYPE I Diabetics	\$8.67	2 PER MO.	C	Y
A4280	N			Adhesive skin support attachment for use with external breast prosthesis, each				
A4280		N	N	Adhesive skin support attachment for use with external breast prosthesis, each	\$3.72	8 PER MO.	C	N
A4310	N			Insertion tray without drainage bag; and without catheter (accessories only)				
A4310		Y	N	Insertion tray without drainage bag; and without catheter (accessories only)	\$4.92	3 PER MO.	C	N
A4311	N			Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)				
A4311		Y	N	Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)	\$11.48	3 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4312	N			Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone				
A4312		Y	N	Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$13.24	3 PER MO.	C	N
A4313	N			Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation				
A4313		Y	N	Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$14.24	3 PER MO.	C	N
A4314	N			Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)				
A4314		Y	N	Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	\$18.06	3 PER MO.	C	N
A4315	N			Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone				
A4315		Y	N	Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$19.42	3 PER MO.	C	N
A4316	N			Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation				
A4316		Y	N	Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$21.45	3 PER MO.	C	N
A4320	N			Irrigation tray with bulb or piston syringe, any purpose				
A4320		Y	N	Irrigation tray with bulb or piston syringe, any purpose	\$2.34	35 PER MO.	C	N
A4322	N			Irrigation syringe, bulb or piston, each				
A4322		Y	N	Irrigation syringe, bulb or piston, each	\$2.93	2 PER MO.	C	N
A4326	N			Male external catheter specialty type with integral collection chamber, each				
A4326		Y	N	Male external catheter specialty type with integral collection chamber, each	\$9.45	2 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4327	N			Female external urinary collection device; meatal cup, each				
A4327		Y	N	Female external urinary collection device; meatal cup, each	\$38.39	1 PER MO.	C	N
A4328	N			Female external urinary collection device; pouch, each				
A4328		Y	N	Female external urinary collection device; pouch, each	\$9.07	12 PER MO.	C	N
A4331	N			Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each				
A4331		N	N	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	\$2.13	4 PER MO.	C	N
A4332	N			Lubricant, individual sterile packet, each				
A4332		Y	N	Lubricant, individual sterile packet, each	\$0.07	144 PER MO.		N
A4333	N			Urinary catheter anchoring device, adhesive skin attachment, each				
A4333		Y	N	Urinary catheter anchoring device, adhesive skin attachment, each	\$1.36	12 PER MO.	C	N
A4335	N			Incontinence supply; misc - Requires Prior Authorization				
A4335		Y	N	Incontinence supply; misc - Requires Prior Authorization	\$0.00			N
A4338	N			Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)				
A4338		Y	N	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	\$7.89	3 PER MO.	C	N
A4340	N			Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)				
A4340		Y	N	Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)	\$6.65	3 PER MO.	C	N
A4344	N			Indwelling catheter, foley type; two-way all silicone				
A4344		Y	N	Indwelling catheter, foley type; two-way all silicone	\$9.54	3 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4346	N			Indwelling catheter, foley type; three-way for continuous irrigation				
A4346		Y	N	Indwelling catheter, foley type; three-way for continuous irrigation	\$12.51	3 PER MO.	C	N
A4349	N			Male external catheter, with or without adhesive, disposable, each				
A4349		Y	N	Male external catheter, with or without adhesive, disposable, each	\$1.01	60 PER MO.	C	N
A4351	N			Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each				
A4351		Y	N	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.54	150 TOTAL PER MO. A4351 - A4353	C	N
A4352	N			Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each				
A4352		Y	N	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each	\$3.08	150 TOTAL PER MO. A4351 - A4353	C	N
A4353	N			Intermittent urinary catheter, w/insertion supplies				
A4353		Y	N	Intermittent urinary catheter, w/insertion supplies	\$4.63	150 TOTAL PER MO. A4351 - A4353	C	N
A4354	N			Insertion tray with drainage bag, but without catheter				
A4354		Y	N	Insertion tray with drainage bag, but without catheter	\$8.27	3 PER MO.	C	N
A4355	N			Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter				
A4355		Y	N	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$9.19	3 PER MO.	C	N
A4356	N			External urethral clamp or compression device (not to be used for catheter clamp), each				
A4356		Y	N	External urethral clamp or compression device (not to be used for catheter clamp), each	\$36.07	1 PER 3 MO	C	N
A4357	N			Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each				
A4357		Y	N	Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each	\$7.00	4 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4358	N			Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each				
A4358		Y	N	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$6.39	4 PER MO.	C	N
A4361	N			Ostomy face plate, each				
A4361		N	N	Ostomy face plate, each	\$17.70	2 PER MO.	C	N
A4362	N			Skin barrier; solid, 4 x 4 or equivalent; each				
A4362		N	N	Skin barrier; solid, 4 x 4 or equivalent; each	\$2.97	20 PER MO.	C	N
A4363	N			Ostomy clamp, any type, replacement only, each				
A4363		N	N	Ostomy clamp, any type, replacement only, each	\$1.73	2 PER MO.	C	N
A4364	N			Adhesive; liquid or equal, any type, per oz.				
A4364		N	N	Adhesive; liquid or equal, any type, per oz.	\$2.40	12 PER MO.	C	N
A4365	N			Adhesive remover wipes, any type, per 50 (Ostomy use only)				
A4365		N	Y	Adhesive remover wipes, any type, per 50 (Ostomy use only)	\$9.20	1 PER MO.	C	N
A4366	N			Ostomy vent, any type, each				
A4366		N	N	Ostomy vent, any type, each	\$0.92	20 PER MO.	C	N
A4367	N			Ostomy belt, each				
A4367		N	N	Ostomy belt, each	\$7.56	2 PER MO.	C	N
A4369	N			Ostomy skin barrier, liquid (spray, brush, etc), per oz				
A4369		N	N	Ostomy skin barrier, liquid (spray, brush, etc), per oz	\$2.32	8 PER MO.	C	N
A4371	N			Ostomy skin barrier, powder, per oz				
A4371		N	N	Ostomy skin barrier, powder, per oz	\$3.51	4 PER MO.	C	N
A4372	N			Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each				
A4372		N	N	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	\$4.02	20 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4373	N			Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each				
A4373		N	N	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	\$5.67	20 PER MO.	C	N
A4375	N			Ostomy pouch, drainable, with faceplate attached, plastic, each				
A4375		N	N	Ostomy pouch, drainable, with faceplate attached, plastic, each	\$13.23	2 TOTAL PER MO. A4375 - A4378	C	N
A4376	N			Ostomy pouch, drainable, with faceplate attached, rubber, each				
A4376		N	N	Ostomy pouch, drainable, with faceplate attached, rubber, each	\$35.04	2 TOTAL PER MO. A4375 - A4378	C	N
A4377	N			Ostomy pouch, drainable, for use on faceplate, plastic,each				
A4377		N	N	Ostomy pouch, drainable, for use on faceplate, plastic,each	\$4.13	2 TOTAL PER MO. A4375 - A4378	C	N
A4378	N			Ostomy pouch, drainable, for use on faceplate, rubber, each				
A4378		N	N	Ostomy pouch, drainable, for use on faceplate, rubber, each	\$25.18	2 TOTAL PER MO. A4375 - A4378	C	N
A4379	N			Ostomy pouch, urinary, with faceplate attached, plastic, each				
A4379		N	N	Ostomy pouch, urinary, with faceplate attached, plastic, each	\$11.97	2 TOTAL PER MO. A4379 - A4383	C	N
A4380	N			Ostomy pouch, urinary, with faceplate attached, rubber, each				
A4380		N	N	Ostomy pouch, urinary, with faceplate attached, rubber, each	\$26.97	2 TOTAL PER MO. A4379 - A4383	C	N
A4381	N			Ostomy pouch, urinary, without faceplate attached, rubber, each				
A4381		N	N	Ostomy pouch, urinary, without faceplate attached, rubber, each	\$4.44	2 TOTAL PER MO. A4379 - A4383	C	N
A4382	N			Ostomy pouch, urinary, for use on faceplate, heavy plastic, each				
A4382		N	N	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	\$12.10	2 TOTAL PER MO. A4379 - A4383	C	N

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A4383	N			Ostomy pouch, urinary, for use on faceplate, rubber, each				
A4383		N	N	Ostomy pouch, urinary, for use on faceplate, rubber, each	\$23.16	2 TOTAL PER MO. A4379 - A4383	C	N
A4384	N			Ostomy faceplate equivalent, silicone ring, each				
A4384		N	N	Ostomy faceplate equivalent, silicone ring, each	\$5.67	6 PER MO.	C	N
A4385	N			Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each				
A4385		N	N	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	\$4.91	6 PER MO.	C	N
A4387	N			Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each				
A4387		N	N	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	\$3.87	35 PER MO.	C	N
A4388	N			Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each				
A4388		N	N	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	\$4.20	6 PER MO.	C	N
A4389	N			Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each				
A4389		N	N	Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each	\$5.43	20 PER MO.	C	N
A4390	N			Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each				
A4390		N	N	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.96	6 PER MO.	C	N
A4391	N			Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each				
A4391		N	N	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	\$6.81	6 PER MO.	C	N

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A4392	N			Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each				
A4392		N	N	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	\$6.40	6 PER MO.	C	N
A4393	N			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each				
A4393		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.23	6 PER MO.	C	N
A4394	N			Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce				
A4394		N	N	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.72	16 PER MO.	C	N
A4395	N			Ostomy deodorant for use in ostomy pouch, solid, per tablet				
A4395		N	N	Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100 PER MO.		N
A4397	N			Irrigation supply; sleeve, each				
A4397		N	N	Irrigation supply; sleeve, each	\$4.62	4 PER MO.	C	N
A4398	N			Ostomy irrigation supply; bag, each				
A4398		N	N	Ostomy irrigation supply; bag, each	\$13.30	2 PER MO.	C	N
A4399	N			Ostomy irrigation supply; cone/catheter, including brush				
A4399		N	N	Ostomy irrigation supply; cone/catheter, including brush	\$11.82	1 PER MO.	C	N
A4402	N			Lubricant per ounce				
A4402		Y	Y	Lubricant per ounce	\$0.38	12 PER MO.		N
A4404	N			Ostomy ring, each				
A4404		N	N	Ostomy ring, each	\$1.95	20 PER MO.	C	N
A4405	N			Ostomy skin barrier, non-pectin based, paste, per ounce				
A4405		N	N	Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.30	8 OZ TOTAL PER MO. A4405 - A4406	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4406	N			Ostomy skin barrier, pectin-based, paste, per ounce				
A4406		N	N	Ostomy skin barrier, pectin-based, paste, per ounce	\$3.30	8 OZ TOTAL PER MO. A4405 - A4406	C	N
A4407	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each				
A4407		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	\$7.16	6 TOTAL PER MO. A4407 - A4408	C	N
A4408	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each				
A4408		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	\$8.43	6 TOTAL PER MO. A4407 - A4408	C	N
A4409	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each				
A4409		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	\$6.28	6 TOTAL PER MO. A4409 - A4410	C	N
A4410	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each				
A4410		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	\$7.69	6 TOTAL PER MO. A4409 - A4410	C	N
A4411	N			Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each				
A4411		N	N	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	\$5.14	6 PER MO.	C	N
A4412	N			Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each				
A4412		N	N	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	\$2.34	20 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4414	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each				
A4414		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each	\$4.22	20 TOTAL PER MO. A4414 - A4415	C	N
A4415	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each				
A4415		N	N	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each	\$4.82	20 TOTAL PER MO. A4414 - A4415	C	N
A4416	N			Ostomy pouch, closed, with barrier attached, with filter (1 piece), each				
A4416		N	N	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	\$1.96	35 PER MO.	C	N
A4417	N			Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each				
A4417		N	N	Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each	\$4.00	35 PER MO.	C	N
A4418	N			Ostomy pouch, closed; without barrier attached, with filter (1 piece), each				
A4418		N	N	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	\$1.45	35 PER MO.	C	N
A4419	N			Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each				
A4419		N	N	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	\$1.64	35 PER MO.	C	N
A4420	N			Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each				
A4420		N	N	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	\$1.70	35 PER MO.	C	N
A4423	N			Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each				
A4423		N	N	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	\$1.67	35 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4424	N			Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each				
A4424		N	N	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	\$2.83	20 PER MO.	C	N
A4425	N			Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each				
A4425		N	N	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	\$2.28	20 PER MO.	C	N
A4426	N			Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each				
A4426		N	N	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	\$2.34	20 PER MO.	C	N
A4427	N			Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each				
A4427		N	N	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	\$2.37	20 PER MO.	C	N
A4428	N			Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each				
A4428		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	\$6.58	6 PER MO.	C	N
A4429	N			Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each				
A4429		N	N	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$6.80	6 PER MO.	C	N
A4430	N			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each				
A4430		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$7.14	6 PER MO.	C	N
A4431	N			Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each				
A4431		N	N	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	\$6.28	6 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4432	N			Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each				
A4432		N	N	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	\$3.63	6 PER MO.	C	N
A4433	N			Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each				
A4433		N	N	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	\$3.63	6 PER MO.	C	N
A4434	N			Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each				
A4434		N	N	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	\$3.80	6 PER MO.	C	N
A4450	N			Tape, non-waterproof, per 18 square inches				
A4450		Y	N	Tape, non-waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452		N
A4452	N			Tape, waterproof, per 18 square inches				
A4452		Y	N	Tape, waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452		N
A4455	N			Adhesive remover or solvent (for tape, cement or other adhesive) per ounce				
A4455		N	Y	Adhesive remover or solvent (for tape, cement or other adhesive) per ounce	\$0.90	8 PER MO.		N
A4458	N			Enema bag with tubing, reusable				
A4458		Y	N	Enema bag with tubing, reusable	\$2.15	15 TOTAL PER MO.	C	N
A4465	N			Non-elastic binder for extremity				
A4465		Y	N	Non-elastic binder for extremity	\$13.62	2 PER MO.	C	N
A4483	N			Moisture exchanger,disposable, for use with invasive mechanical ventilation				
A4483		Y	N	Moisture exchanger,disposable, for use with invasive mechanical ventilation	\$4.66	60 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4550	N			Surgical trays				
A4550		Y	N	Surgical trays	\$7.25	12 PER MO.	C	N
A4554	N			Disposable underpads, all sizes				
A4554		Y	Y	Disposable underpads, all sizes	\$0.35	200 PER MO.		N
A4556	N			Electrodes (e.g. Apnea monitor), per pair				
A4556		Y	N	Electrodes (e.g. Apnea monitor), per pair	\$5.07	15 PER MO.	C	Y
A4557	N			Lead wires, (e.g., apnea monitor) per pair				
A4557		Y	N	Lead wires, (e.g., apnea monitor) per pair	\$16.53	2 PER 3 MO.	C	Y
A4558	N			Conductive paste or gel				
A4558		Y	N	Conductive paste or gel	\$5.63	1 PER MO.	C	N
A4561	N			Pessary, rubber, any type				
A4561		N	N	Pessary, rubber, any type	\$15.26	1 PER 3 MO.	C	N
A4562	N			Pessary, non rubber, any type				
A4562		N	N	Pessary, non rubber, any type	\$17.08	1 PER 3 MO.	C	N
A4580	N			Cast supplies, (e.g. plaster) - Requires Prior Authorization				
A4580		Y	N	Cast supplies, (e.g. plaster) - Requires Prior Authorization	\$0.00			N
A4595	N			Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)				
A4595		Y	N	Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)	\$2.54	15 PER MO.	C	Y
A4605	N			Tracheal suction catheter, closed system, each				
A4605		Y	N	Tracheal suction catheter, closed system, each	\$14.44	35 PER MO.	C	Y
A4606	N			Oxygen probe for use with oximeter device, replacement				
A4606		Y	N	Oxygen probe for use with oximeter device, replacement	\$20.39	4 PER MO.	C	Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4608	N			Transtracheal oxygen catheter, each				
A4608		Y	N	Transtracheal oxygen catheter, each	\$58.73	2 PER 3 MO.	C	N
A4614	N			Peak expiratory flow rate meter, hand held				
A4614		Y	N	Peak expiratory flow rate meter, hand held	\$17.79	1 PER 3 MO.	C	N
A4615	N			Cannula nasal				
A4615		Y	N	Cannula nasal	\$2.57	6 PER MO.	C	N
A4616	N			Tubing, (oxygen), per foot				
A4616		Y	N	Tubing, (oxygen), per foot	\$0.08	60 FEET PER MO.		N
A4617	N			Mouth piece				
A4617		Y	N	Mouth piece	\$2.78	2 PER MO.	C	N
A4618	N			Breathing circuits				
A4618		Y	N	Breathing circuits	\$7.80	15 PER MO.	C	N
A4619	N			Face tent				
A4619		Y	N	Face tent	\$6.55	1 PER MO.	C	N
A4620	N			Variable concentration mask				
A4620		Y	N	Variable concentration mask	\$2.48	4 PER MO.	C	N
A4623	N			Tracheostomy, inner cannula				
A4623		Y	N	Tracheostomy, inner cannula	\$5.98	35 PER MO.	C	N
A4624	N			Tracheal suction catheter, any type, other than closed system, each				
A4624		Y	N	Tracheal suction catheter, any type, other than closed system, each	\$1.16	300 PER MO.	C	Y
A4625	N			Tracheostomy care kit for new tracheostomy				
A4625		Y	N	Tracheostomy care kit for new tracheostomy	\$5.23	15 PER YEAR	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A4626	N			Tracheostomy cleaning brush, each				
A4626		Y	N	Tracheostomy cleaning brush, each	\$2.72	2 PER MO.	C	N
A4626	22	Y	Y	Cotton balls per 100	\$2.97	3 PER MO.	C	N
A4626	59	Y	Y	Applicators	\$0.03	400 PER MO.		N
A4627	N			Spacer, bag or reservoir, with or without mask, for use metered dose inhaler				
A4627		N	N	Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$15.75	1 PER 3 MO.	C	N
A4628	N			Oropharyngeal suction catheter, each				
A4628		Y	N	Oropharyngeal suction catheter, each	\$2.87	8 PER MO.	C	Y
A4629	N			Tracheostomy care kit for established tracheostomy				
A4629		Y	N	Tracheostomy care kit for established tracheostomy	\$4.01	100 PER MO.	C	N
A4649	N			Surgical supply; misc - Requires Prior Authorization				
A4649		Y	N	Surgical supply; misc - Requires Prior Authorization	\$0.00			N
A4860	N			Disposable catheter caps				
A4860		Y	N	Disposable catheter caps	\$0.59	4 PER MO.	C	N
A4927	N			Gloves, non-sterile, per 100				
A4927		Y	Y	Gloves, non-sterile, per 100	\$7.58	2 PER MO.	C	N
A4927	22	Y	N	Gloves, sterile per pair	\$0.51	90 PAIR PER MO.	C	N
A5051	N			Ostomy pouch, closed; with barrier attached (1 piece), each				
A5051		N	N	Ostomy pouch, closed; with barrier attached (1 piece), each	\$1.83	35 TOTAL PER MO. A5051 - A5054	C	N
A5052	N			Ostomy pouch, closed; without barrier attached (1 piece), each				
A5052		N	N	Ostomy pouch, closed; without barrier attached (1 piece), each	\$1.32	35 TOTAL PER MO. A5051 - A5054	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A5053	N			Ostomy pouch, closed; for use on faceplate, each				
A5053		N	N	Ostomy pouch, closed; for use on faceplate, each	\$1.42	35 TOTAL PER MO. A5051 - A5054	C	N
A5054	N			Ostomy pouch, closed; for use on barrier with flange (2 piece), each				
A5054		N	N	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	\$1.50	35 TOTAL PER MO. A5051 - A5054	C	N
A5055	N			Stoma cap				
A5055		N	N	Stoma cap	\$1.80	4 PER MO.	C	N
A5062	N			Ostomy pouch, drainable; without barrier attached (1 piece), each				
A5062		N	N	Ostomy pouch, drainable; without barrier attached (1 piece), each	\$2.14	20 TOTAL PER MO. A5062 - A5063	C	N
A5062	22	N	N	Ostomy pouch, drainable with karaya based barrier attached, without built-in convexity, (1 piece), each	\$2.70	20 TOTAL PER MO. A5062 - A5063	C	N
A5062	59	N	N	Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity, (1 piece), each	\$2.70	20 TOTAL PER MO. A5062 - A5063	C	N
A5063	N			Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each				
A5063		N	N	Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each	\$2.46	20 TOTAL PER MO. A5062 - A5063	C	N
A5071	N			Ostomy pouch, urinary; with barrier attached (1 piece), each				
A5071		N	N	Ostomy pouch, urinary; with barrier attached (1 piece), each	\$4.19	20 TOTAL PER MO. A5071 - A5073	C	N
A5072	N			Ostomy pouch, urinary; without barrier attached (1 piece), each				
A5072		N	N	Ostomy pouch, urinary; without barrier attached (1 piece), each	\$3.46	20 TOTAL PER MO. A5071 - A5073	C	N
A5073	N			Ostomy pouch, urinary; for use on barrier with flange (2 piece), each				
A5073		N	N	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	\$3.07	20 TOTAL PER MO. A5071 - A5073	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A5081	N			Continent device; plug for continent stoma				
A5081		Y	N	Continent device; plug for continent stoma	\$3.04	4 PER MO.	C	N
A5082	N			Continent device; catheter for continent stoma				
A5082		Y	N	Continent device; catheter for continent stoma	\$10.70	1 PER MO.	C	N
A5083	N			Continent device, stoma absorptive cover for continent stoma				
A5083		N	N	Continent device, stoma absorptive cover for continent stoma	\$2.17	35 PER MONTH	C	N
A5093	N			Ostomy accessory; convex insert				
A5093		N	N	Ostomy accessory; convex insert	\$1.81	10 PER MO.	C	N
A5102	N			Bedside drainage bottle with or w/o tubing, rigid or expandable, each				
A5102		Y	N	Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$21.75	1 PER MO.	C	N
A5105	N			Urinary suspensory with leg bag, with or without tube, each				
A5105		Y	N	Urinary suspensory with leg bag, with or without tube, each	\$39.27	1 PER MO.	C	N
A5112	N			Urinary leg bag; latex				
A5112		Y	N	Urinary leg bag; latex	\$27.94	1 PER MO.	C	N
A5113	N			Leg strap; latex, replacement only, per set				
A5113		Y	N	Leg strap; latex, replacement only, per set	\$0.78	2 PER MO.	C	N
A5114	N			Leg strap; foam or fabric, replacement only, per set				
A5114		Y	N	Leg strap; foam or fabric, replacement only, per set	\$4.73	2 PER MO.	C	N
A5120	N			Skin Barrier, wipes or swabs, each				
A5120		N	N	Skin Barrier, wipes or swabs, each	\$0.19	60 PER MO.		N
A5121	N			Skin barrier; solid, 6 x 6 or equivalent, each				
A5121		N	N	Skin barrier; solid, 6 x 6 or equivalent, each	\$6.00	15 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A5122	N			Skin barrier; solid, 8 x 8 or equivalent, each				
A5122		N	N	Skin barrier; solid, 8 x 8 or equivalent, each	\$11.19	8 PER MO.	C	N
A5126	N			Adhesive, or non-adhesive; disk or foam pad				
A5126		N	N	Adhesive, or non-adhesive; disk or foam pad	\$1.16	20 PER MO.	C	N
A5131	N			Appliance cleaner, incontinence and ostomy appliances, per 16 oz				
A5131		N	N	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.94	1 PER MO.	C	N
A6010	N			Collagen based wound filler, dry form, per gram of collagen				
A6010		Y	N	Collagen based wound filler, dry form, per gram of collagen	\$4.30	35 PER MO.	C	N
A6021	N			Collagen dressing, pad size 16 sq. in or less, each				
A6021		Y	N	Collagen dressing, pad size 16 sq. in or less, each	\$10.01	35 PER MO.	C	N
A6022	N			Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each				
A6022		Y	N	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	\$12.67	35 PER MO.	C	N
A6023	N			Collagen dressing, pad size more than 48 sq. in., each				
A6023		Y	N	Collagen dressing, pad size more than 48 sq. in., each	\$13.47	20 PER MO.	C	N
A6024	N			Collagen dressing wound filler, per 6 inches				
A6024		Y	N	Collagen dressing wound filler, per 6 inches	\$4.68	35 PER MO.	C	N
A6196	N			Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing				
A6196		Y	N	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$7.08	60 PER MO.	C	N
A6197	N			Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing				
A6197		Y	N	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	\$15.57	35 PER MO.	C	N

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6198	N			Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing				
A6198		Y	N	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	\$113.46	1 PER MO.	C	N
A6199	N			Alginate or other fiber gelling dressing, wound filler, per 6 inches				
A6199		Y	N	Alginate or other fiber gelling dressing, wound filler, per 6 inches	\$4.42	35 PER MO.	C	N
A6200	N			Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing				
A6200		Y	N	Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing	\$1.61	35 PER MO.	C	N
A6201	N			Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing				
A6201		Y	N	Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing	\$2.80	35 PER MO.	C	N
A6202	N			Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing				
A6202		Y	N	Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing	\$4.10	35 PER MO.	C	N
A6203	N			Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing				
A6203		Y	N	Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$1.61	35 PER MO.	C	N
A6204	N			Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing				
A6204		Y	N	Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing	\$2.80	35 PER MO.	C	N
A6205	N			Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing				
A6205		Y	N	Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$4.62	35 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6206	N			Contact layer, 16 sq in., or less, each dressing				
A6206		Y	N	Contact layer, 16 sq in., or less, each dressing	\$0.98	35 PER MO.	C	N
A6207	N			Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing				
A6207		Y	N	Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing	\$1.70	35 PER MO.	C	N
A6208	N			Contact layer, more than 48 sq. in., each dressing				
A6208		Y	N	Contact layer, more than 48 sq. in., each dressing	\$3.44	35 PER MO.	C	N
A6209	N			Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing				
A6209		Y	N	Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing	\$5.38	20 PER MO.	C	N
A6210	N			Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6210		Y	N	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.46	20 PER MO.	C	N
A6211	N			Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing				
A6211		Y	N	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$26.25	12 PER MO.	C	N
A6212	N			Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing				
A6212		Y	N	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.68	35 PER MO.	C	N
A6213	N			Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing				
A6213		Y	N	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$10.48	35 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6214	N			Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing				
A6214		Y	N	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$9.92	12 PER MO.	C	N
A6215	N			Foam dressing, wound filler, per gram				
A6215		Y	N	Foam dressing, wound filler, per gram	\$2.34	35 PER MO.	C	N
A6216	N			Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing				
A6216		Y	N	Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing	\$0.07	400 PER MO.		N
A6217	N			Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6217		Y	N	Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.35	200 PER MO.		N
A6218	N			Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing				
A6218		Y	N	Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.60	200 PER MO.	C	N
A6219	N			Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing				
A6219		Y	N	Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$0.27	200 PER MO.		N
A6220	N			Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing				
A6220		Y	N	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$0.67	100 PER MO.	C	N
A6221	N			Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing				
A6221		Y	N	Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$1.10	60 PER MO.	C	N

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Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6222	N			Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in or less, without adhesive border, each dressing				
A6222		Y	N	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in or less, without adhesive border, each dressing	\$2.05	60 PER MO.	C	N
A6223	N			Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6223		Y	N	Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$2.32	60 PER MO.	C	N
A6224	N			Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing				
A6224		Y	N	Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	\$2.57	60 PER MO.	C	N
A6228	N			Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing				
A6228		Y	N	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.59	60 PER MO.	C	N
A6229	N			Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6229		Y	N	Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.42	60 PER MO.	C	N
A6230	N			Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing				
A6230		Y	N	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.03	60 PER MO.	C	N
A6234	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing				
A6234		Y	N	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.59	35 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6235	N			Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6235		Y	N	Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.75	12 PER MO.	C	N
A6236	N			Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing				
A6236		Y	N	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$19.75	12 PER MO.	C	N
A6237	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing				
A6237		Y	N	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$4.52	35 PER MO.	C	N
A6238	N			Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing				
A6238		Y	N	Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$17.11	12 PER MO.	C	N
A6239	N			Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing				
A6239		Y	N	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$18.41	12 PER MO.	C	N
A6240	N			Hydrocolloid dressing, wound filler, paste, per fluid ounce				
A6240		Y	N	Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$8.03	12 PER MO.	C	N
A6241	N			Hydrocolloid dressing, wound filler, dry form, per gram				
A6241		Y	N	Hydrocolloid dressing, wound filler, dry form, per gram	\$1.52	12 PER MO.	C	N
A6242	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing				
A6242		Y	N	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.80	35 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6243	N			Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6243		Y	N	Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$9.06	12 PER MO.	C	N
A6244	N			Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing				
A6244		Y	N	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$17.86	12 PER MO.	C	N
A6245	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing				
A6245		Y	N	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.55	35 PER MO.	C	N
A6246	N			Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing				
A6246		Y	N	Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$9.55	12 PER MO.	C	N
A6247	N			Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing				
A6247		Y	N	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$21.43	12 PER MO.	C	N
A6248	N			Hydrogel dressing, wound filler, gel, per fluid ounce				
A6248		Y	N	Hydrogel dressing, wound filler, gel, per fluid ounce	\$12.85	6 PER MO.	C	N
A6251	N			Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing				
A6251		Y	N	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$1.45	20 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6252	N			Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing				
A6252		Y	N	Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.54	20 PER MO.	C	N
A6253	N			Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing				
A6253		Y	N	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.56	20 PER MO.	C	N
A6254	N			Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing				
A6254		Y	N	Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing	\$1.11	20 PER MO.	C	N
A6255	N			Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing				
A6255		Y	N	Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$1.61	20 PER MO.	C	N
A6256	N			Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing				
A6256		Y	N	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$2.13	20 PER MO.	C	N
A6257	N			Transparent film, 16 sq. in. or less, each dressing				
A6257		Y	N	Transparent film, 16 sq. in. or less, each dressing	\$0.61	35 PER MO.	C	N
A6258	N			Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing				
A6258		Y	N	Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing	\$2.81	35 PER MO.	C	N
A6259	N			Transparent film, more than 48 sq. in. each dressing				
A6259		Y	N	Transparent film, more than 48 sq. in. each dressing	\$5.28	12 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6261	N			Wound filler, gel/paste, per fluid ounce, not elsewhere classified				
A6261		Y	N	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	\$0.19	35 PER MO.		N
A6262	N			Wound filler, dry form, per gram, not elsewhere classified				
A6262		Y	N	Wound filler, dry form, per gram, not elsewhere classified	\$0.19	90 PER MO.	C	N
A6266	N			Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard				
A6266		Y	N	Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard	\$1.28	35 PER MO.	C	N
A6402	N			Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing				
A6402		Y	N	Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing	\$0.12	200 PER MO.		N
A6402	59	Y	N	Pre cut gauze trach dressing	\$0.27	200 PER MO.		N
A6407	N			Packing strips, non-impregnated, up to 2 inches in width, per linear yard				
A6407		Y	N	Packing strips, non-impregnated, up to 2 inches in width, per linear yard	\$1.33	35 PER MO.	C	N
A6442	N			Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard				
A6442		Y	N	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	\$0.15	150 PER MO.		N
A6443	N			Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard				
A6443		Y	N	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$0.23	150 PER MO.		N
A6444	N			Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard				
A6444		Y	N	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	\$0.25	150 PER MO.		N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A6448	N			Light compression bandage, elastic, knitted/woven, width less than three inches, per yard				
A6448		Y	N	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$0.48	20 PER MO.		N
A6449	N			Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard				
A6449		Y	N	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$0.61	20 PER MO.	C	N
A6450	N			Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard				
A6450		Y	N	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$0.72	20 PER MO.	C	N
A6456	N			Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard				
A6456		Y	N	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.28	35 PER MO.	C	N
A7000	N			Canister, disposable, used with suction pump, each				
A7000		Y	N	Canister, disposable, used with suction pump, each	\$6.45	2 PER MO.	C	Y
A7001	N			Canister, non-disposable, used with suction pump, each				
A7001		Y	N	Canister, non-disposable, used with suction pump, each	\$21.51	1 PER 3 MO.	C	Y
A7002	N			Tubing, used with suction pump, each				
A7002		Y	N	Tubing, used with suction pump, each	\$3.31	6 PER MO.	C	Y
A7003	N			Administration set, with small volume non-filtered pneumatic nebulizer, disposable				
A7003		Y	N	Administration set, with small volume non-filtered pneumatic nebulizer, disposable	\$2.07	35 PER MO.	C	Y
A7004	N			Small volume nonfiltered pneumatic nebulizer, disposable				
A7004		Y	N	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.57	35 PER MO.		Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A7005	N			Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable				
A7005		Y	N	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$22.27	2 PER 3 MO.	C	Y
A7006	N			Adminstration set, with small volume filtered pneumatic nebulizer				
A7006		Y	N	Adminstration set, with small volume filtered pneumatic nebulizer	\$9.19	1 PER MO.	C	Y
A7007	N			Large volume nebulizer, disposable, unfilled, used with aerosol compressor				
A7007		Y	N	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$3.39	6 PER MO.	C	Y
A7007	22	Y	N	Sterile water or sterile saline, 1000 ml used with large volume nebulizer	\$3.52	35 PER MO.	C	Y
A7008	N			Large volume nebulizer, disposable, prefilled, used with aerosol compressor				
A7008		Y	N	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$4.22	6 PER MO.	C	Y
A7008	22	Y	N	Sterile water, heated humidifier use 1650 - 2000 cc	\$6.92	35 PER MO.	C	Y
A7008	59	Y	N	Sterile water, autofeed/heated humidifier use 1650 - 2000 cc	\$10.58	10 PER MO.	C	Y
A7009	N			Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer				
A7009		Y	N	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$30.37	2 PER 3 MO.	C	Y
A7010	N			Corrugated tubing, disposable, used with large volume nebulizer 100 feet.				
A7010		Y	N	Corrugated tubing, disposable, used with large volume nebulizer 100 feet.	\$15.93	2 PER MO.	C	Y
A7011	N			Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet				
A7011		Y	N	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	\$10.22	1 PER MO.	C	Y

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 10/1/08

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A7012	N			Water collection device, used with large volume nebulizer				
A7012		Y	N	Water collection device, used with large volume nebulizer	\$2.80	20 PER MO.	C	Y
A7013	N			Filter, disposable, used with aerosol compressor				
A7013		Y	N	Filter, disposable, used with aerosol compressor	\$0.72	8 PER MO.	C	Y
A7013	59	Y	N	Ventilator bacteria filter	\$2.45	4 PER MO.	C	Y
A7014	N			Filter, non-disposable, used with aerosol compressor or ultrasonic generator				
A7014		Y	N	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.29	1 PER MO.	C	Y
A7015	N			Aerosol mask, used with DME nebulizer				
A7015		Y	N	Aerosol mask, used with DME nebulizer	\$1.48	4 PER MO.	C	Y
A7016	N			Dome and mouthpiece, used with small volume ultrasonic nebulizer				
A7016		Y	N	Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$4.71	4 PER MO.	C	Y
A7018	N			Water, distilled, used with large volume nebulizer, 1000ml.				
A7018		Y	N	Water, distilled, used with large volume nebulizer, 1000ml.	\$2.21	12 PER MO.	C	Y
A7018	22	Y	N	Sterile water irrigation solution, 1000 ml	\$3.52	35 PER MO.	C	N
A7018	59	Y	N	Sterile saline irrigation solution, 1000 ml	\$4.55	35 PER MO.	C	N
A7027	N			Combination oral/nasal mask, used with continuous positive airway pressure device, each				
A7027		Y	N	Combination oral/nasal mask, used with continuous positive airway pressure device, each	\$161.94	1 TOTAL PER 3 MO. A7027, A7030, A7034	C	Y
A7028	N			Oral cushion for combination oral/nasal mask, replacement only, each				
A7028		Y	N	Oral cushion for combination oral/nasal mask, replacement only, each	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032- A7033	C	Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A7029	N			Nasal pillows for combination oral/nasal mask, replacement only, pair				
A7029		Y	N	Nasal pillows for combination oral/nasal mask, replacement only, pair	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	C	Y
A7030	N			Full face mask used with positive airway pressure device, each				
A7030		Y	N	Full face mask used with positive airway pressure device, each	\$161.94	1 TOTAL PER 3 MO. A7027, A7030, A7034	C	Y
A7031	N			Face mask interface, replacement for full face mask, each				
A7031		Y	N	Face mask interface, replacement for full face mask, each	\$59.89	1 PER 3 MO.	C	Y
A7032	N			Cushion for use on nasal mask interface, replacement only, each				
A7032		Y	N	Cushion for use on nasal mask interface, replacement only, each	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	C	Y
A7033	N			Pillow for use on nasal cannula type interface, replacement only, pair				
A7033		Y	N	Pillow for use on nasal cannula type interface, replacement only, pair	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	C	Y
A7034	N			Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap				
A7034		Y	N	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$100.99	1 TOTAL PER 3 MO. A7027, A7030, A7034	C	Y
A7035	N			Headgear, used with positive airway pressure device				
A7035		Y	N	Headgear, used with positive airway pressure device	\$35.25	1 PER 3 MO.	C	Y
A7036	N			Chin strap used with positive airway pressure device				
A7036		Y	N	Chin strap used with positive airway pressure device	\$13.75	1 PER 3 MO.	C	Y
A7037	N			Tubing used with positive airway pressure device				
A7037		Y	N	Tubing used with positive airway pressure device	\$33.14	2 PER 3 MO.	C	Y

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
A7038	N			Filter, disposable, used with positive airway pressure device				
A7038		Y	N	Filter, disposable, used with positive airway pressure device	\$4.05	2 PER MO.	C	Y
A7039	N			Filter, non-disposable, used with positive airway pressure device				
A7039		Y	N	Filter, non-disposable, used with positive airway pressure device	\$9.57	1 PER 3 MO.	C	Y
A7046	N			Water chamber for humidifier, used with positive airway pressure device, replacement, each				
A7046		Y	N	Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$11.36	4 PER MO.	C	Y
A7520	N			Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each				
A7520		Y	N	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.76	1 TOTAL PER MO. A7520 - A7521	C	N
A7521	N			Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each				
A7521		Y	N	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.76	1 TOTAL PER MO. A7520 - A7521	C	N
A7522	N			Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each				
A7522		Y	N	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	\$60.76	1 PER 3 MO.	C	N
A7523	N			Tracheostomy shower protector, each				
A7523		Y	N	Tracheostomy shower protector, each	\$5.87	1 PER MO.	C	N
A7524	N			Tracheostoma stent/stud/button, each				
A7524		Y	N	Tracheostoma stent/stud/button, each	\$6.29	4 PER MO.	C	N
A7525	N			Tracheostomy mask, each				
A7525		Y	N	Tracheostomy mask, each	\$1.41	20 PER MO.	C	Y
A7526	N			Tracheostomy tube collar/holder, each				
A7526		Y	N	Tracheostomy tube collar/holder, each	\$3.09	35 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
B4035	N			Enteral feeding supply kit; pump fed, per day				
B4035		Y	N	Enteral feeding supply kit; pump fed, per day	\$6.18	35 TOTAL PER MO. B4035 - B4036	C	Y
B4036	N			Enteral feeding supply kit; gravity fed, per day				
B4036		Y	N	Enteral feeding supply kit; gravity fed, per day	\$5.07	35 TOTAL PER MO. B4035 - B4036	C	N
B4081	N			Nasogastric tubing with stylet				
B4081		Y	N	Nasogastric tubing with stylet	\$11.73	10 PER MO.	C	N
B4082	N			Nasogastric tubing without stylet				
B4082		Y	N	Nasogastric tubing without stylet	\$11.46	10 PER MO.	C	N
B4083	N			Stomach tube-levine type				
B4083		Y	N	Stomach tube-levine type	\$2.45	4 PER MO.	C	N
B4087	N			Gastrostomy/jejunostomy tube, standard, any material, any type, each				
B4087		Y	N	Gastrostomy/jejunostomy tube, standard, any material, any type, each	\$37.59	2 TOTAL PER MO. B4087-B4088	C	N
B4088	N			Gastrostomy/jejunostomy tube, low-profile, any material, any type, each				
B4088		Y	N	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	\$37.59	2 TOTAL PER MO. B4087-B4088	C	N
B4088	22	Y	N	Feeding tube extension set	\$9.27	10 PER MO.	C	N
B4088	59	Y	N	Skin Level gastrostomy feeding tube kit (Requires PA)	\$125.90	7 PER YR.	C	N
S1015	N			IV tubing extension set				
S1015		N	N	IV tubing extension set	\$3.36	20 PER MO.	C	N
S8101	N			Holding chamber or spacer for use with an inhaler or nebulizer; with mask				
S8101		N	N	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$47.93	1 PER 6 MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
S8185	N			Flutter device				
S8185		Y	N	Flutter device	\$42.90	1 PER 6 MO.	C	N
S8186	N			Swivel adaptor				
S8186		Y	N	Swivel adaptor	\$1.99	20 PER MO.	C	N
S8490	N			Insulin syringes (100 syringes, any size)				
S8490		Y	N	Insulin syringes (100 syringes, any size)	\$0.22	200 PER MO.		Y
T1999	Y			Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)				
T1999		N	N	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)	\$0.00			N
T1999	22	Y	N	IV Infusor device	\$11.34	35 PER MO.	C	N
T1999	59	N	N	IV Needleless injection site	\$1.88	70 PER MO.	C	N
T1999	U1	Y	N	Biohazard disposable container, needle and syringe-1 gallon/medium	\$4.50	1 PER MO.	C	N
T1999	U2	Y	N	Biohazard disposable container, needle and syringe-2 gallon/large	\$6.55	1 PER MO.	C	N
T1999	U3	N	N	IV Injection cap/site	\$1.91	20 PER MO.	C	N
T1999	U5	N	N	IV Administration cassette or reservoir	\$16.56	20 PER MO.	C	N
T1999	U6	N	N	IV connector/cap, male/female, luer/luerlock	\$0.43	70 PER MO.		N
T1999	U7	N	N	IV vial adapter	\$2.21	90 PER MO.	C	N
T1999	U8	N	N	Needle filter 1 1/2"	\$0.55	12 PER MO.	C	N
T1999	U9	N	N	IV Cannula	\$0.49	200 PER MO.		N
T1999	UA	N	N	IV Catheter PICC/Midline	\$48.06	2 PER MO.	C	N
T1999	UB	N	N	IV Connector	\$0.88	70 PER MO.	C	N
T1999	UC	N	N	IV Dispensing Pin	\$2.11	20 PER MO.	C	N
T1999	UD	N	N	IV Filter	\$1.81	12 PER MO.	C	N

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE	BENCHMARK INDICATOR
T4521	N			Adult sized disposable incontinence product, brief/diaper, small, each				
T4521		Y	N	Adult sized disposable incontinence product, brief/diaper, small, each	\$0.52	300 TOTAL PER MO. T4521 - T4532	C	N
T4522	N			Adult sized disposable incontinence product, brief/diaper, medium, each				
T4522		Y	N	Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.56	300 TOTAL PER MO. T4521 - T4532	C	N
T4523	N			Adult sized disposable incontinence product, brief/diaper, large, each				
T4523		Y	N	Adult sized disposable incontinence product, brief/diaper, large, each	\$0.73	300 TOTAL PER MO. T4521 - T4532	C	N
T4529	N			Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each				
T4529		Y	N	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	\$0.51	300 TOTAL PER MO. T4521 - T4532	C	N
T4529	22	Y	N	Disposable diaper liners, each	\$0.04	300 TOTAL PER MO. T4521 - T4532		N
T4531	N			Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each				
T4531		Y	N	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	\$0.51	300 TOTAL PER MO. T4521 - T4532	C	N
T4532	N			Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each				
T4532		Y	N	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.54	300 TOTAL PER MO. T4521 - T4532	C	N
T4536	N			Incontinence product, protective underwear/pull-on, reusable, any size, each				
T4536		Y	N	Incontinence product, protective underwear/pull-on, reusable, any size, each	\$9.54	2 PER MO.	C	N
V5266	N			Battery for use in hearing device				
V5266		N	N	Battery for use in hearing device	\$1.03	12 PER MO.	C	N

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