

**WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)**

Please refer to ForwardHealth Updates for additional policy information.

| Code  | Description   | Additional Service Code<br>Description     | Modifier | Max Fee | Max Quantity Per Month          | In NH<br>Rate | In HC<br>Rate |
|-------|---|--|----------|---------|---------------------------------|---------------|---------------|
| A4206 | Syringe with needle; sterile 1cc or less, each  |  |          | \$0.22  | 60 PER MO.                      | Y             | N             |
| A4207 | Syringe with needle; sterile 2cc, each  |  |          | \$0.18  | 60 PER MO.                      | Y             | N             |
| A4208 | Syringe with needle; sterile 3cc, each  |  |          | \$0.17  | 60 PER MO.                      | Y             | N             |
| A4209 | Syringe with needle; sterile 5cc or greater, each   |  |          | \$0.23  | 150 PER MO.                     | Y             | N             |
| A4213 | Syringe, sterile, 20cc or greater, each   |  |          | \$0.63  | 70 PER MO.                      | Y             | N             |
| A4216 | Sterile water/saline/dextrose (diluent), 10ml   |  |          | \$0.12  | 100 PER MO.                     | Y             | N             |
| A4217 | Sterile water/saline, 500ml   |  |          | \$1.86  | 35 PER MO.                      | Y             | N             |
| A4218 | Sterile saline/water, metered dose dispenser, 10ml  |  |          | \$0.36  | 200 PER MO.                     | N             | N             |
| A4230 | Infusion set for external insulin pump, non needle cannula type   |  |          | \$10.38 | 12 PER MO.                      | N             | N             |
| A4231 | Infusion set for external insulin pump, needle type   |  |          | \$6.24  | 12 PER MO.                      | N             | N             |
| A4232 | Syringe w/ needle for external insulin pump, 3cc  |  |          | \$3.25  | 12 PER MO.                      | N             | N             |
| A4233 | 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<br>A4233-A4236   | Y             | N             |
| A4234 | Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each             |  |          | \$2.47  | 4 TOTAL PER MO<br>A4233-A4236   | Y             | N             |
| A4235 | Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each                      |  |          | \$2.47  | 4 TOTAL PER MO<br>A4233-A4236   | Y             | N             |
| A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each                 |  |          | \$2.47  | 4 TOTAL PER MO<br>A4233-A4236   | Y             | N             |
| A4244 | Alcohol per pint  |  |          | \$1.44  | 3 PER MO.                       | Y             | Y             |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips)   |  |          | \$15.13 | 2 PER MO.                       | Y             | N             |
| A4252 | Blood ketone test or reagent strip, each  |  |          | \$3.01  | 20 PER MO.                      | Y             | N             |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each  |  |          | \$3.72  | 8 PER MO.                       | N             | N             |
| A4305 | Disposable drug delivery system, flow rate of 50ml or greater per hour  |  |          | \$11.34 | 35 TOTAL PER MO<br>A4305-A4306  | Y             | N             |
| A4306 | Disposable drug delivery system, flow rate of less than 50ml per hour   |  |          | \$11.34 | 35 TOTAL PER MO<br>A4305-A4306  | Y             | N             |
| A4313 | Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation                       |  |          | \$14.24 | 3 PER MO.                       | Y             | N             |
| A4316 | Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation                          |  |          | \$21.45 | 3 PER MO.                       | Y             | N             |
| A4320 | Irrigation tray with bulb or piston syringe, any purpose  |  |          | \$1.92  | 35 PER MO.                      | Y             | N             |
| A4322 | Irrigation syringe, bulb or piston, each  | appropriate for syringe with<br>ENFit™ tip |          | \$2.02  |                                 | Y             | N             |
| A4326 | Male external catheter, specialty type, e.g., inflatable, faceplate, etc. each  |  |          | \$9.45  | 2 Per MO.                       | Y             | N             |
| A4327 | Female external urinary collection device; metal cup, each  |  |          | \$38.39 | 1 PER MO.                       | Y             | N             |
| A4328 | Female external urinary collection device; pouch, each  |  |          | \$9.07  | 12 per MO.                      | Y             | N             |
| A4332 | Lubricant, individual sterile packet, each  |  |          | \$0.07  | 144 PER MO.                     | Y             | Y             |
| A4335 | Incontinence supply; misc - Requires Prior Authorization  |  |          | \$0.00  |                                 | Y             | N             |
| A4346 | Indwelling catheter, foley type; three-way for continuous irrigation  |  |          | \$12.51 | 3 PER MO.                       | Y             | N             |
| A4353 | Intermittent urinary catheter, w/insertion supplies   |  |          | \$4.63  | 150 TOTAL PER MO<br>A4351-A4353 | Y             | N             |
| A4354 | Insertion tray with drainage bag, but without catheter  |  |          | \$8.27  | 3 PER MO.                       | Y             | N             |
| A4355 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter                                 |  |          | \$9.19  | 3 PER MO.                       | Y             | N             |

| Code  | Description  | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month                       | In NH Rate | In HC Rate |
|-------|--|-------------------------------------|----------|---------|--|------------|------------|
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each                  |                                     |          | \$36.07 | 1 PER 3 MO.                                  | Y          | N          |
| A4361 | Ostomy face plate, each  |                                     |          | \$17.70 | 2 PER MO.                                    | N          | N          |
| A4362 | Skin barrier; solid, 4 x 4 or equivalent; each   |                                     |          | \$2.97  | 20 PER MO.                                   | N          | N          |
| A4363 | Ostomy clamp, any type, replacement only, each   |                                     |          | \$1.73  | 2 PER MO.                                    | N          | N          |
| A4364 | Adhesive; liquid or equal, any type, per oz.   |                                     |          | \$2.40  | 12 PER MO.                                   | N          | N          |
| A4366 | Ostomy vent, any type, each  |                                     |          | \$0.92  | 20 PER MO.                                   | N          | N          |
| A4367 | Ostomy belt, each  |                                     |          | \$7.56  | 2 PER MO.                                    | N          | N          |
| A4369 | Ostomy skin barrier, liquid (spray, brush, etc), per oz  |                                     |          | \$2.32  | 8 PER MO.                                    | N          | N          |
| A4371 | Ostomy skin barrier, powder, per oz  |                                     |          | \$3.51  | 4 PER MO.                                    | N          | N          |
| A4372 | Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each               |                                     |          | \$4.02  | 20 PER MO.                                   | N          | N          |
| A4373 | Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each |                                     |          | \$5.67  | 20 PER MO.                                   | N          | N          |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each  |                                     |          | \$13.23 | 2 TOTAL PER MO<br>A4375, A4376, A4378        | N          | N          |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each   |                                     |          | \$35.04 | 2 TOTAL PER MO<br>A4375, A4376, A4378        | N          | N          |
| A4377 | Ostomy pouch, drainable, for use on faceplate, plastic,each  |                                     |          | \$4.13  | 10 PER MO.                                   | N          | N          |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each  |                                     |          | \$25.18 | 2 TOTAL PER MO<br>A4375, A4376, A4378        | N          | N          |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each  |                                     |          | \$11.97 | 2 TOTAL PER MO<br>A4379, A4380, A4382, A4383 | N          | N          |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each   |                                     |          | \$26.97 | 2 TOTAL PER MO<br>A4379, A4380, A4382, A4383 | N          | N          |
| A4381 | Ostomy pouch, urinary, without faceplate attached, rubber, each  |                                     |          | \$4.44  | 10 PER MO.                                   | N          | N          |
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each   |                                     |          | \$12.10 | 2 TOTAL PER MO<br>A4379, A4380, A4382, A4383 | N          | N          |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each  |                                     |          | \$23.16 | 2 TOTAL PER MO<br>A4379, A4380, A4382, A4383 | N          | N          |
| A4384 | Ostomy faceplate equivalent, silicone ring, each   |                                     |          | \$5.67  | 6 PER MO.                                    | N          | N          |
| A4385 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each            |                                     |          | \$4.91  | 6 PER MO.                                    | N          | N          |
| A4387 | Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each                      |                                     |          | \$3.87  | 35 PER MO.                                   | N          | N          |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each                            |                                     |          | \$4.20  | 6 PER MO.                                    | N          | N          |
| A4389 | Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each                   |                                     |          | \$5.43  | 20 PER MO.                                   | N          | N          |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each    |                                     |          | \$8.96  | 6 PER MO.                                    | N          | N          |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each                               |                                     |          | \$6.81  | 6 PER MO.                                    | N          | N          |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each      |                                     |          | \$6.40  | 6 PER MO.                                    | N          | N          |
| A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each      |                                     |          | \$8.23  | 6 PER MO.                                    | N          | N          |
| A4394 | Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce  |                                     |          | \$1.72  | 16 PER MO.                                   | N          | N          |
| A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet  |                                     |          | \$0.05  | 100 PER MO.                                  | N          | N          |
| A4397 | Irrigation supply; sleeve, each  |                                     |          | \$4.62  | 4 PER MO.                                    | N          | N          |
| A4398 | Ostomy irrigation supply; bag, each  |                                     |          | \$13.30 | 2 PER MO.                                    | N          | N          |
| A4399 | Ostomy irrigation supply; cone/catheter, with or without brush   |                                     |          | \$11.82 | 1 PER MO.                                    | N          | N          |
| A4402 | Lubricant per ounce  |                                     |          | \$0.38  | 12 PER MO.                                   | Y          | Y          |

| Code  | Description   | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month            | In NH Rate | In HC Rate |
|-------|---|-------------------------------------|----------|---------|-----------------------------------|------------|------------|
| A4404 | Ostomy ring, each   |                                     |          | \$1.95  | 20 PER MO.                        | N          | N          |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce   |                                     |          | \$3.52  | 8 OZ TOTAL PER MO.<br>A4405-A4406 | N          | N          |
| A4406 | Ostomy skin barrier, pectin-based, paste, per ounce   |                                     |          | \$3.52  | 8 OZ TOTAL PER MO.<br>A4405-A4406 | N          | N          |
| A4407 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each     |                                     |          | \$7.16  | 10 TOTAL PER MO.<br>A4407 - A4408 | N          | N          |
| A4408 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each    |                                     |          | \$8.43  | 10 TOTAL PER MO.<br>A4407 - A4408 | N          | N          |
| A4409 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each  |                                     |          | \$6.28  | 10 TOTAL PER MO.<br>A4409 - A4410 | N          | N          |
| A4410 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |                                     |          | \$7.69  | 10 TOTAL PER MO.<br>A4409 - A4410 | N          | N          |
| A4411 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each  |                                     |          | \$5.14  | 6 PER MO.                         | N          | N          |
| A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each                               |                                     |          | \$2.34  | 20 PER MO.                        | N          | N          |
| A4414 | 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.<br>A4414 - A4415 | N          | N          |
| A4415 | 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.<br>A4414 - A4415 | N          | N          |
| A4416 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each  |                                     |          | \$1.96  | 60 PER MO.                        | N          | N          |
| A4417 | Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each  |                                     |          | \$3.86  | 60 PER MO.                        | N          | N          |
| A4418 | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each   |                                     |          | \$1.45  | 60 PER MO.                        | N          | N          |
| A4419 | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each   |                                     |          | \$1.64  | 60 PER MO.                        | N          | N          |
| A4420 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each  |                                     |          | \$1.70  | 60 PER MO.                        | N          | N          |
| A4423 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each   |                                     |          | \$1.67  | 60 PER MO.                        | N          | N          |
| A4424 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each   |                                     |          | \$2.97  | 20 PER MO.                        | N          | N          |
| A4425 | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each                                     |                                     |          | \$2.79  | 20 PER MO.                        | N          | N          |
| A4426 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each  |                                     |          | \$2.41  | 20 PER MO.                        | N          | N          |
| A4427 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each   |                                     |          | \$2.48  | 20 PER MO.                        | N          | N          |
| A4428 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each                                 |                                     |          | \$6.58  | 20 PER MO.                        | N          | N          |
| A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each                      |                                     |          | \$6.80  | 6 PER MO.                         | N          | N          |
| A4430 | 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.                         | N          | N          |
| A4431 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each   |                                     |          | \$6.28  | 6 PER MO.                         | N          | N          |
| A4432 | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each                          |                                     |          | \$3.63  | 10 PER MO.                        | N          | N          |
| A4433 | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each   |                                     |          | \$3.46  | 6 PER MO.                         | N          | N          |
| A4434 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each                              |                                     |          | \$3.80  | 6 PER MO.                         | N          | N          |
| A4435 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each                           |                                     |          | \$5.46  | 6 PER MO.                         | N          | N          |

| Code  | Description  | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month             | In NH Rate | In HC Rate |
|-------|--|-------------------------------------|----------|---------|------------------------------------|------------|------------|
| A4450 | Tape, non-waterproof, per 18 square inches                                   |                                     |          | \$0.12  | 150 TOTAL PER MO.<br>A4450 - A4452 | Y          | N          |
| A4452 | Tape, waterproof, per 18 square inches                                       |                                     |          | \$0.12  | 150 TOTAL PER MO.<br>A4450 - A4452 | Y          | N          |
| A4455 | Adhesive remover or solvent (for tape, cement or other adhesive) per ounce   |                                     |          | \$0.90  | 8 PER MO.                          | N          | Y          |
| A4456 | Adhesive remover, wipes, any type, each                                      |                                     |          | \$0.22  | 100 PER MO.                        | Y          | Y          |
| A4458 | Enema bag with tubing, reusable  |                                     |          | \$2.15  | 15 PER MO.                         | Y          | N          |
| A4481 | Tracheostoma filter, any type, any size, each                                |                                     |          | \$0.34  | 60 PER MO.                         | Y          | N          |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation |                                     |          | \$3.18  | 60 PER MO.                         | Y          | N          |
| A4550 | Surgical trays   |                                     |          | \$7.25  | 12 PER MO.                         | Y          | N          |
| A4556 | Electrodes (e.g. Apnea monitor), per pair                                    |                                     |          | \$4.05  | 15 PER MO.                         | Y          | N          |
| A4557 | Lead wires, (e.g., apnea monitor) per pair                                   |                                     |          | \$16.53 | 2 PER 3 MO.                        | Y          | N          |
| A4558 | Conductive paste or gel  |                                     |          | \$5.63  | 1 PER MO.                          | Y          | N          |
| A4561 | Pessary, rubber, any type  |                                     |          | \$15.26 | 1 PER 3 MO.                        | N          | N          |
| A4562 | Pessary, non rubber, any type  |                                     |          | \$17.08 | 1 PER 3 MO.                        | N          | N          |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)         |                                     |          | \$2.54  | 15 PER MO.                         | Y          | N          |
| A4605 | Tracheal suction catheter, closed system, each                               |                                     |          | \$14.44 | 15 PER MO.                         | Y          | N          |
| A4606 | Oxygen probe for use with oximeter device, replacement                       |                                     |          | \$20.39 | 4 PER MO                           | Y          | N          |
| A4608 | Transtracheal oxygen catheter, each  |                                     |          | \$58.73 | 2 PER 3 MO.                        | Y          | N          |
| A4614 | Peak expiratory flow rate meter, hand held                                   |                                     |          | \$17.79 | 1 PER 3 MO.                        | Y          | N          |
| A4615 | Cannula nasal  |                                     |          | \$0.75  | 6 PER MO.                          | Y          | N          |
| A4616 | Tubing, (oxygen), per foot   |                                     |          | \$0.08  | 60 FEET PER MO.                    | Y          | N          |
| A4617 | Mouth piece  |                                     |          | \$2.78  | 2 PER MO.                          | Y          | N          |
| A4618 | Breathing circuits   |                                     |          | \$7.80  | 15 PER MO.                         | Y          | N          |
| A4619 | Face tent  |                                     |          | \$1.27  | 1 PER MO.                          | Y          | N          |
| A4620 | Variable concentration mask  |                                     |          | \$1.03  | 4 PER MO.                          | Y          | N          |
| A4623 | Tracheostomy, inner cannula  |                                     |          | \$5.98  | 35 PER MO.                         | Y          | N          |
| A4624 | Tracheal suction catheter, any type, other than closed system, each          |                                     |          | \$1.16  | 300 PER MO.                        | Y          | N          |
| A4625 | Tracheostomy care kit for new tracheostomy                                   |                                     |          | \$6.38  | 15 PER YEAR                        | Y          | N          |
| A4626 | Tracheostomy cleaning brush, each  |                                     |          | \$2.72  | 2 PER MO.                          | Y          | N          |
| A4627 | Spacer, bag or reservoir, with or without mask, for use metered dose inhaler |                                     |          | \$15.75 | 1 PER 2 MO.                        | N          | N          |
| A4628 | Oropharyngeal suction catheter, each   |                                     |          | \$2.87  | 8 PER MO.                          | Y          | N          |
| A4629 | Tracheostomy care kit for established tracheostomy                           |                                     |          | \$4.28  |                                    | Y          | N          |
| A4649 | Surgical supply; misc - Requires Prior Authorization                         |                                     |          | \$0.00  |                                    | Y          | N          |
| A4860 | Disposable catheter caps   |                                     |          | \$0.59  | 4 PER MO.                          | Y          | N          |
| A4927 | Gloves, non-sterile, per 100   |                                     |          | \$7.58  | 2 PER MO.                          | Y          | Y          |
| A4930 | Sterile, Gloves Per Pair   |                                     |          | \$0.51  | 90 PAIR PER MO.                    | Y          | N          |
| A5051 | Ostomy pouch, closed; with barrier attached (1 piece), each                  |                                     |          | \$1.83  | 60 TOTAL PER MO.<br>A5051 - A5054  | N          | N          |
| A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each               |                                     |          | \$1.32  | 60 TOTAL PER MO.<br>A5051 - A5054  | N          | N          |
| A5053 | Ostomy pouch, closed; for use on faceplate, each                             |                                     |          | \$1.42  | 60 TOTAL PER MO.<br>A5051 - A5054  | N          | N          |

| Code  | Description  | Additional Service Code Description  | Modifier | Max Fee | Max Quantity Per Month            | In NH Rate | In HC Rate |
|-------|--|--|----------|---------|-----------------------------------|------------|------------|
| A5054 | Ostomy pouch, closed; for use on barrier with flange (2 piece), each   |  |          | \$1.50  | 60 TOTAL PER MO.<br>A5051 - A5054 | N          | N          |
| A5055 | Stoma cap  |  |          | \$1.80  | 4 PER MO.                         | N          | N          |
| A5056 | Ostomy pouch, drainable; with extended wear barrier attached, with filter (1 piece), each  |  |          | \$4.35  | 6 PER MO.                         | N          | N          |
| A5057 | Ostomy pouch, drainable; with extended wear barrier attached, with built in convexity, with filter, (1 piece), each                      |  |          | \$8.38  | 6 PER MO.                         | N          | N          |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each  |  |          | \$2.14  | 20 TOTAL PER MO.<br>A5062 - A5063 | N          | N          |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each  | Ostomy pouch, drainable with karaya based barrier attached, without built-in convexity, (1 piece), each  | 22       | \$2.70  | 20 TOTAL PER MO.<br>A5062 - A5063 | N          | N          |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each  | Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity, (1 piece), each | 59       | \$2.70  | 20 TOTAL PER MO.<br>A5062 - A5063 | N          | N          |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each   |  |          | \$2.46  | 20 TOTAL PER MO.<br>A5062 - A5063 | N          | N          |
| A5071 | Ostomy pouch, urinary; with barrier attached (1 piece), each   |  |          | \$4.19  | 20 TOTAL PER MO.<br>A5071 - A5073 | N          | N          |
| A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each  |  |          | \$3.46  | 20 TOTAL PER MO.<br>A5071 - A5073 | N          | N          |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each  |  |          | \$3.07  | 20 TOTAL PER MO.<br>A5071 - A5073 | N          | N          |
| A5081 | Continent device; plug for continent stoma   |  |          | \$3.04  | 4 PER MO.                         | Y          | N          |
| A5082 | Continent device; catheter for continent stoma   |  |          | \$10.70 | 1 PER MO.                         | Y          | N          |
| A5083 | Continent device, stoma absorptive cover for continent stoma   |  |          | \$1.73  | 35 PER MO.                        | N          | N          |
| A5093 | Ostomy accessory; convex insert  |  |          | \$1.81  | 10 PER MO.                        | N          | N          |
| A5102 | Bedside drainage bottle with or w/o tubing, rigid or expandable, each  |  |          | \$21.75 | 1 PER MO.                         | Y          | N          |
| A5105 | Urinary suspensory with leg bag, with or without tube, each  |  |          | \$39.27 | 1 PER MO.                         | Y          | N          |
| A5112 | Urinary leg bag; latex   |  |          | \$27.94 | 1 per MO.                         | Y          | N          |
| A5113 | Leg strap; latex, replacement only, per set  |  |          | \$0.78  | 2 PER MO.                         | Y          | N          |
| A5114 | Leg strap; foam or fabric, replacement only, per set   |  |          | \$4.73  | 2 PER MO.                         | Y          | N          |
| A5120 | Skin Barrier, wipes or swabs, each   |  |          | \$0.19  | 60 PER MO.                        | N          | N          |
| A5121 | Skin barrier; solid, 6 x 6 or equivalent, each   |  |          | \$6.00  | 15 PER MO.                        | N          | N          |
| A5122 | Skin barrier; solid, 8 x 8 or equivalent, each   |  |          | \$11.19 | 8 PER MO.                         | N          | N          |
| A5126 | Adhesive, or non-adhesive; disk or foam pad  |  |          | \$1.16  | 20 PER MO.                        | N          | N          |
| A5131 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz   |  |          | \$11.94 | 1 PER MO.                         | N          | N          |
| A6010 | Collagen based wound filler, dry form, per gram of collagen  |  |          | \$4.30  | 35 PER MO.                        | Y          | N          |
| A6021 | Collagen dressing, sterile, size 16 sq. in or less, each   |  |          | \$10.01 | 35 PER MO.                        | Y          | N          |
| A6022 | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each   |  |          | \$12.67 | 35 PER MO.                        | Y          | N          |
| A6023 | Collagen dressing, sterile, size more than 48 sq. in., each  |  |          | \$13.47 | 20 PER MO.                        | Y          | N          |
| A6024 | Collagen dressing wound filler, per 6 inches   |  |          | \$4.68  | 35 PER MO.                        | Y          | N          |
| A6196 | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing  |  |          | \$7.08  | 35 PER MO.                        | Y          | N          |
| A6197 | 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.                        | Y          | N          |

| Code  | Description  | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month | In NH Rate | In HC Rate |
|-------|--|-------------------------------------|----------|---------|------------------------|------------|------------|
| A6198 | Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing  |                                     |          | \$79.42 | 1 PER MO.              | Y          | N          |
| A6199 | Alginate or other fiber gelling dressing, wound filler, per 6 inches   |                                     |          | \$4.42  | 35 PER MO.             | Y          | N          |
| A6203 | Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing   |                                     |          | \$1.61  | 35 PER MO.             | Y          | N          |
| A6204 | 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.             | Y          | N          |
| A6205 | Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing   |                                     |          | \$4.62  | 35 PER MO.             | Y          | N          |
| A6206 | Contact layer, 16 sq in., or less, each dressing   |                                     |          | \$0.98  | 35 PER MO.             | Y          | N          |
| A6207 | Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing  |                                     |          | \$1.70  | 35 PER MO.             | Y          | N          |
| A6208 | Contact layer, more than 48 sq. in., each dressing   |                                     |          | \$3.44  | 35 PER MO.             | Y          | N          |
| A6209 | Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing  |                                     |          | \$5.38  | 20 PER MO.             | Y          | N          |
| A6210 | 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.             | Y          | N          |
| A6211 | Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing  |                                     |          | \$26.25 | 12 PER MO.             | Y          | N          |
| A6212 | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing  |                                     |          | \$6.68  | 35 PER MO.             | Y          | N          |
| A6213 | 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.             | Y          | N          |
| A6214 | Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing  |                                     |          | \$9.92  | 12 PER MO.             | Y          | N          |
| A6215 | Foam dressing, wound filler, per gram  |                                     |          | \$2.34  | 35 PER MO.             | Y          | N          |
| A6216 | Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing   |                                     |          | \$0.07  | 400 PER MO.            | Y          | N          |
| A6217 | 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                                 |                                     |          | \$0.28  | 200 PER MO.            | Y          | N          |
| A6218 | Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing  |                                     |          | \$0.47  | 200 PER MO.            | Y          | N          |
| A6219 | Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing   |                                     |          | \$0.27  | 200 PER MO.            | Y          | N          |
| A6220 | 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.            | Y          | N          |
| A6221 | Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing   |                                     |          | \$1.10  | 60 PER MO.             | Y          | N          |
| A6222 | 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.             | Y          | N          |
| A6223 | 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.             | Y          | N          |
| A6224 | 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.             | Y          | N          |
| A6228 | Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing  |                                     |          | \$0.59  | 60 PER MO.             | Y          | N          |
| A6229 | 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.             | Y          | N          |
| A6230 | Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing  |                                     |          | \$3.03  | 60 PER MO.             | Y          | N          |
| A6234 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing  |                                     |          | \$4.59  | 35 PER MO.             | Y          | N          |



| Code  | Description   | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month | In NH Rate | In HC Rate |
|-------|---|-------------------------------------|----------|---------|------------------------|------------|------------|
| A6235 | 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.             | Y          | N          |
| A6236 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing   |                                     |          | \$19.75 | 12 PER MO.             | Y          | N          |
| A6237 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing   |                                     |          | \$4.52  | 35 PER MO.             | Y          | N          |
| A6238 | 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.             | Y          | N          |
| A6239 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing   |                                     |          | \$18.41 | 12 PER MO.             | Y          | N          |
| A6240 | Hydrocolloid dressing, wound filler, paste, per fluid ounce   |                                     |          | \$8.03  | 12 PER MO.             | Y          | N          |
| A6241 | Hydrocolloid dressing, wound filler, dry form, per gram   |                                     |          | \$1.52  | 12 PER MO.             | Y          | N          |
| A6242 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing   |                                     |          | \$4.80  | 35 PER MO.             | Y          | N          |
| A6243 | 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.             | Y          | N          |
| A6244 | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing   |                                     |          | \$17.86 | 12 PER MO.             | Y          | N          |
| A6245 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing   |                                     |          | \$6.55  | 35 PER MO.             | Y          | N          |
| A6246 | 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.             | Y          | N          |
| A6247 | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing   |                                     |          | \$21.43 | 12 PER MO.             | Y          | N          |
| A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce   |                                     |          | \$12.85 | 6 PER MO.              | Y          | N          |
| A6251 | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing   |                                     |          | \$0.58  | 35 PER MO.             | Y          | N          |
| A6252 | 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       |                                     |          | \$0.65  | 35 PER MO.             | Y          | N          |
| A6253 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing   |                                     |          | \$0.84  | 35 PER MO.             | Y          | N          |
| A6254 | Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing  |                                     |          | \$0.93  | 20 PER MO.             | Y          | N          |
| A6255 | 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 |                                     |          | \$1.35  | 20 PER MO.             | Y          | N          |
| A6256 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing                                      |                                     |          | \$1.79  | 20 PER MO.             | Y          | N          |
| A6257 | Transparent film, 16 sq. in. or less, each dressing   |                                     |          | \$0.61  | 35 PER MO.             | Y          | N          |
| A6258 | Transparent film, more than 16 sq.in. but less than or equal to 48 sq. in. each dressing  |                                     |          | \$2.81  | 35 PER MO.             | Y          | N          |
| A6259 | Transparent film, more than 48 sq. in. each dressing  |                                     |          | \$5.28  | 12 PER MO.             | Y          | N          |
| A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified   |                                     |          | \$0.19  | 35 PER MO.             | Y          | N          |
| A6262 | Wound filler, dry form, per gram, not otherwise specified   |                                     |          | \$0.19  | 90 PER MO.             | Y          | N          |
| A6266 | Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard   |                                     |          | \$1.28  | 35 PER MO.             | Y          | N          |
| A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing  |                                     |          | \$0.12  | 200 PER MO.            | Y          | N          |
| A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing  | Pre cut gauze trach dressing        | 59       | \$0.27  | 200 PER MO.            | Y          | N          |
| A6407 | Packing strips, non-impregnated, up to 2 inches in width, per linear yard   |                                     |          | \$1.33  | 35 PER MO.             | Y          | N          |
| A6442 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard   |                                     |          | \$0.15  | 150 PER MO.            | Y          | N          |

| Code  | Description  | Additional Service Code Description                                       | Modifier | Max Fee  | Max Quantity Per Month                   | In NH Rate | In HC Rate |
|-------|--|---|----------|----------|--|------------|------------|
| A6443 | 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.                              | Y          | N          |
| A6444 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard                            |   |          | \$0.25   | 150 PER MO.                              | Y          | N          |
| A6448 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard  |   |          | \$0.48   | 20 PER MO.                               | Y          | N          |
| A6449 | 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.                               | Y          | N          |
| A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard                                      |   |          | \$0.72   | 20 PER MO.                               | Y          | N          |
| A6456 | 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.                               | Y          | N          |
| A6550 | Wound care set, for negative pressure wound therapy electrical pump, all supplies and accessories  |   |          | \$19.94  | 15 PER MO.                               | N          | N          |
| A7000 | Canister, disposable, used with suction pump, each   |   |          | \$6.45   | 2 PER MO.                                | Y          | N          |
| A7001 | Canister, non-disposable, used with suction pump, each   |   |          | \$21.51  | 1 PER 3 MO.                              | Y          | N          |
| A7002 | Tubing, used with suction pump, each   |   |          | \$3.31   | 6 PER MO.                                | Y          | N          |
| A7003 | Administration set, with small volume non-filtered pneumatic nebulizer, disposable   |   |          | \$2.07   | 35 PER MO.                               | Y          | N          |
| A7004 | Small volume nonfiltered pneumatic nebulizer, disposable   |   |          | \$1.57   | 35 PER MO.                               | Y          | N          |
| A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable  |   |          | \$18.92  | 1 PER 3 MO.                              | Y          | N          |
| A7006 | Adminstration set, with small volume filtered pneumatic nebulizer  |   |          | \$9.19   | 1 PER MO.                                | Y          | N          |
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor   |   |          | \$2.48   | 6 PER MO.                                | Y          | N          |
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor   | Sterile water or sterile saline, 1000 ml used with large volume nebulizer | 22       | \$2.48   | 35 PER MO.                               | Y          | N          |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor  |   |          | \$4.22   | 6 PER MO.                                | Y          | N          |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor  | Sterile water, heated humidifier use 1650 - 2000 cc                       | 22       | \$6.92   | 35 PER MO.                               | Y          | N          |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor  | Sterile water, autofeed/heated humidifier use 1650 - 2000 cc              | 59       | \$10.58  | 10 PER MO.                               | Y          | N          |
| A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer  |   |          | \$30.37  | 2 PER 3 MO.                              | Y          | N          |
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer 100 feet   |   |          | \$15.93  | 2 PER MO.                                | Y          | N          |
| A7011 | Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet   |   |          | \$10.22  | 1 PER MO.                                | Y          | N          |
| A7012 | Water collection device, used with large volume nebulizer  |   |          | \$2.80   | 20 PER MO.                               | Y          | N          |
| A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator   |   |          | \$0.72   | 4 PER MO.                                | Y          | N          |
| A7014 | Filter, non-disposable, used with aerosol compressor or ultrasonic generator   |   |          | \$3.29   | 2 PER MO.                                | Y          | N          |
| A7015 | Aerosol mask, used with DME nebulizer  |   |          | \$1.48   | 4 PER MO.                                | Y          | N          |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer   |   |          | \$4.71   | 4 PER MO.                                | Y          | N          |
| A7018 | Water, distilled, used with large volume nebulizer, 1000ml.  |   |          | \$1.31   | 12 PER MO.                               | Y          | N          |
| A7018 | Water, distilled, used with large volume nebulizer, 1000ml.  | Sterile water irrigation solution, 1000 ml                                | 22       | \$3.52   | 35 PER MO.                               | Y          | N          |
| A7018 | Water, distilled, used with large volume nebulizer, 1000ml.  | Sterile saline irrigation solution, 1000 ml                               | 59       | \$4.55   | 35 PER MO.                               | Y          | N          |
| A7020 | Interface for cough stimulating device, includes all components, replacement only  |   |          | \$41.56  | 1 PER 3 MO.                              | Y          | N          |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each  |   |          | \$161.94 | 1 TOTAL PER 3 MO.<br>A7027, A7030, A7034 | Y          | N          |



| Code  | Description   | Additional Service Code Description | Modifier | Max Fee                 | Max Quantity Per Month                        | In NH Rate | In HC Rate |
|-------|---|-------------------------------------|----------|-------------------------|---|------------|------------|
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each  |                                     |          | \$21.83                 | 1 TOTAL PER 3 MO.<br>A7028-A7029, A7032-A7033 | Y          | N          |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair   |                                     |          | \$21.83                 | 1 TOTAL PER 3 MO.<br>A7028-A7029, A7032-A7033 | Y          | N          |
| A7030 | Full face mask used with positive airway pressure device, each  |                                     |          | \$161.94                | 1 TOTAL PER 3 MO.<br>A7027, A7030, A7034      | Y          | N          |
| A7031 | Face mask interface, replacement for full face mask, each   |                                     |          | \$59.89                 | 1 PER 3 MO.                                   | Y          | N          |
| A7032 | Cushion for use on nasal mask interface, replacement only, each   |                                     |          | \$21.83                 | 1 TOTAL PER 3 MO.<br>A7028-A7029, A7032-A7033 | Y          | N          |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair  |                                     |          | \$21.83                 | 1 TOTAL PER 3 MO.<br>A7028-A7029, A7032-A7033 | Y          | N          |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap                                    |                                     |          | \$100.99                | 1 TOTAL PER 3 MO.<br>A7027, A7030, A7034      | Y          | N          |
| A7035 | Headgear, used with positive airway pressure device   |                                     |          | \$35.25                 | 1 PER 3 MO.                                   | Y          | N          |
| A7036 | Chin strap used with positive airway pressure device  |                                     |          | \$13.75                 | 1 PER 3 MO.                                   | Y          | N          |
| A7037 | Tubing used with positive airway pressure device  |                                     |          | \$33.14                 | 2 PER 3 MO.                                   | Y          | N          |
| A7038 | Filter, disposable, used with positive airway pressure device   |                                     |          | \$4.05                  | 2 PER MO.                                     | Y          | N          |
| A7039 | Filter, non-disposable, used with positive airway pressure device   |                                     |          | \$9.57                  | 1 PER 3 MO.                                   | Y          | N          |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each  |                                     |          | \$11.36                 | 4 PER MO.                                     | Y          | N          |
| A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each |                                     |          | \$37.43                 |   | N          | N          |
| A7501 | Tracheostoma valve, including diaphragm, each   |                                     |          | \$116.57                | 1 PER MO.                                     | Y          | N          |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each  |                                     |          | \$55.41                 | 1 PER MO.                                     | Y          | N          |
| A7503 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each  |                                     |          | \$12.59                 | 1 PER 6 MO.                                   | Y          | N          |
| A7504 | Filter for use in a tracheostoma heat and moisture exchange system, each  |                                     |          | \$0.75                  | 62 PER MO.                                    | Y          | N          |
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each                       |                                     |          | \$4.32                  | 2 PER MO.                                     | Y          | N          |
| A7506 | Adhesive dic for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each                                      |                                     |          | \$0.37                  | 62 PER MO.                                    | Y          | N          |
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each                         |                                     |          | \$2.76                  | 62 PER MO.                                    | Y          | N          |
| A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each             |                                     |          | \$3.18                  | 62 PER MO.                                    | Y          | N          |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each                    |                                     |          | \$1.30                  | 60 PER MO.                                    | Y          | N          |
| A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each  |                                     |          | \$60.76                 | 1 TOTAL PER MO.<br>A7520-A7521                | Y          | N          |
| A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each  | Custom                              | SC       | Manually Priced With PA |   | Y          | N          |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each  |                                     |          | \$60.76                 | 1 TOTAL PER MO.<br>A7520-A7521                | Y          | N          |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each  | Custom                              | SC       | Manually Priced With PA |   | Y          | N          |
| A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each  |                                     |          | \$60.76                 | 1 PER 3 MO.                                   | Y          | N          |
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each  |                                     |          | \$3.22                  | 2 PER MO.                                     | N          | N          |

| Code  | Description  | Additional Service Code Description   | Modifier | Max Fee      | Max Quantity Per Month         | In NH Rate | In HC Rate |
|-------|--|---|----------|--------------|--------------------------------|------------|------------|
| A7523 | Tracheostomy shower protector, each  |   |          | \$5.87       | 1 PER MO.                      | Y          | N          |
| A7524 | Tracheostoma stent/stud/button, each   |   |          | \$68.46      | 4 PER MO.                      | Y          | N          |
| A7525 | Tracheostomy mask, each  |   |          | \$1.41       | 20 PER MO.                     | Y          | N          |
| A7526 | Tracheostomy tube collar/holder, each  |   |          | \$3.09       | 35 PER MO.                     | Y          | N          |
| A9276 | sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply   |   |          | \$12.44      |                                | N          | N          |
| A9277 | transmitter; external, for use with interstitial continuous glucose monitoring system  |   |          | \$575.00     |                                | N          | N          |
| A9278 | receiver (monitor); external, for use with interstitial continuous glucose monitoring system   |   |          | \$550.00     |                                | N          | N          |
| A9999 | miscellaneous dme supply or accessory, not otherwise specified   | Unlisted Service, description of service required. PA required if more than \$150 |          | Priced on PA |                                | Y          | N          |
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape   |   |          | \$3.00       |                                | Y          | N          |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape  |   |          | \$7.33       |                                | Y          | N          |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape   |   |          | \$6.22       |                                | Y          | N          |
| B4081 | Nasogastric tubing with stylet   |   |          | \$11.73      | 10 PER MO.                     | Y          | N          |
| B4082 | Nasogastric tubing without stylet  |   |          | \$11.46      | 10 PER MO.                     | Y          | N          |
| B4083 | Stomach tube-levine type   |   |          | \$2.45       | 4 PER MO.                      | Y          | N          |
| B4087 | Gastrostomy/Jejunostomy tube, standard, any material, any type, each   |   |          | \$37.59      | 2 TOTAL PER MO.<br>B4087-B4088 | Y          | N          |
| B4088 | Gastrostomy/Jejunostomy tube, low-profile, any material, any type, each  |   |          | \$125.90     | 2 TOTAL PER MO.<br>B4087-B4088 | Y          | N          |
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit  | Always requires PA  |          | \$1.86       |                                | Y          | N          |
| B4103 | enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit  | Always requires PA  |          | \$0.93       |                                | Y          | N          |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   | Always requires PA  |          | \$1.57       |                                | Y          | N          |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   | Always requires PA  |          | \$0.67       |                                | Y          | N          |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                                 | Always requires PA  |          | \$0.56       |                                | Y          | N          |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit  | Always requires PA  |          | \$1.91       |                                | Y          | N          |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                | Always requires PA  |          | \$1.22       |                                | Y          | N          |
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | Always requires PA  |          | \$0.95       |                                | Y          | N          |

| Code  | Description   | Additional Service Code Description  | Modifier | Max Fee      | Max Quantity Per Month                        | In NH Rate | In HC Rate |
|-------|---|--|----------|--------------|---|------------|------------|
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                               | Always requires PA   |          | \$1.22       |   | Y          | N          |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit  | Always requires PA   |          | \$0.65       |   | Y          | N          |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit                                    | Always requires PA   |          | \$0.65       |   | Y          | N          |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | Always requires PA   |          | \$0.65       |   | Y          | N          |
| B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   | Always requires PA   |          | \$1.65       |   | Y          | N          |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   | Always requires PA   |          | \$1.30       |   | Y          | N          |
| S1015 | IV tubing extension set   |  |          | \$2.85       | 20 PER MO.                                    | N          | N          |
| S1016 | Non-PVC intravenous administration set (Standard IV set)  |  |          | \$5.50       | 20 TOTAL PER MO.<br>S1016, T1999-U5, T1999-U7 | N          | N          |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask   |  |          | \$47.93      | 1 PER 6 MO.                                   | N          | N          |
| S8185 | Flutter device  |  |          | \$42.90      | 1 PER 6 MO.                                   | Y          | N          |
| S8186 | Swivel adaptor  |  |          | \$1.99       | 20 PER MO.                                    | N          | N          |
| S8189 | Tracheostomy supply, not otherwise classified   | Unlisted Service, description of service required. PA required if more than \$75 Per Month |          | Priced on PA |   | Y          | N          |
| S8265 | Haberman feeder for cleft lip/palate  |  |          | \$19.24      | 2 PER YEAR                                    | Y          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | Biohazard disposable container, needle and syringe-1 gallon, medium                        | U1       | \$4.50       | 1 PER MO.                                     | Y          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | Biohazard disposable container, needle and syringe-2 gallon, large                         | U2       | \$6.55       | 1 PER MO.                                     | Y          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | IV universal secure device   | U3       | \$3.71       | 6 PER MO.                                     | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | Multi-use intravenous cap, male/female Luer lock   | U4       | \$0.20       | 60 PER MO.                                    | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | IV administration cassette, includes 50 and 100cc, includes tubing                         | U5       | \$8.96       | 20 TOTAL PER MO.<br>S1016, T1999-U5, T1999-U7 | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | Central line dressing change kit   | U6       | \$5.60       | 6 PER MO.                                     | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | Intravenous pump administration set  | U7       | \$10.47      | 20 TOTAL PER MO.<br>S1016, T1999-U5, T1999-U7 | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | IV Valve connector   | U8       | \$1.69       | 12 PER MO.                                    | N          | N          |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | IV catheter/infusion set   | U9       | \$3.34       | 20 PER MO.                                    | N          | N          |
| T4537 | Incontinence product, protective underpad, reusable, bed size, each   | Always requires PA   |          | \$14.24      |   | Y          | N          |

| Code  | Description                       | Additional Service Code Description | Modifier | Max Fee | Max Quantity Per Month | In NH Rate | In HC Rate |
|-------|-----------------------------------|-------------------------------------|----------|---------|------------------------|------------|------------|
| V5266 | Battery for use in hearing device |                                     |          | \$1.03  | 12 PER MO.             | N          | N          |