

WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) Effective Date 3/1/2012

Please refer to the most recent updates for information changes after the effective date of this index.

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A4206		Syringe with needle; sterile 1cc or less, each	\$0.22	60 PER MO.	Y	N	N
A4207		Syringe with needle; sterile 2cc, each	\$0.18	60 PER MO.	Y	N	N
A4208		Syringe with needle; sterile 3cc, each	\$0.17	60 PER MO.	Y	N	N
A4209		Syringe with needle; sterile 5cc or greater, each	\$0.23	150 PER MO.	Y	N	N
A4213		Syringe with needle; sterile 20cc or greater, each	\$0.63	70 PER MO.	Y	N	N
A4216		Sterile water/saline/dextrose (diluent), 10ml	\$0.12	100 PER MO.	Y	N	N
A4217		Sterile water/saline, 500ml	\$1.86	35 PER MO.	Y	N	N
A4218		Sterile saline/water, metered dose dispenser, 10ml	\$0.36	200 PER MO.	N	N	N
A4230		Infusion set for external insulin pump, non needle cannula type	\$10.38	12 PER MO.	N	N	Y
A4231		Infusion set for external insulin pump, needle type	\$6.24	12 PER MO.	N	N	Y
A4232		Syringe w/ needle for external insulin pump, 3cc	\$3.25	12 PER MO.	N	N	Y
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 A4233-A4236	Y	N	Y
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 A4233-A4236	Y	N	Y
A4235		Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.47	4 TOTAL PER MO A4233-A4236	Y	N	Y
A4236		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	Y	N	Y
A4244		Alcohol per pint	\$1.44	3 PER MO.	Y	Y	N
A4250		Urine test or reagent strips or tablets (100 tablets or strips)	\$15.13	2 PER MO.	Y	N	Y
A4252		Blood ketone test or reagent strip, each	\$3.01	20 PER MO.	Y	N	Y
A4280		Adhesive skin support attachment for use with external breast prosthesis, each	\$3.72	8 PER MO.	N	N	N
A4305		Disposable drug delivery system, flow rate of 50ml or greater per hour	\$11.34	35 TOTAL PER MO A4305-A4306	Y	N	N
A4306		Disposable drug delivery system, flow rate of less than 50ml per hour	\$11.34	35 TOTAL PER MO A4305-A4306	Y	N	N
A4313		Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$14.24	3 PER MO.	Y	N	N
A4316		Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$21.45	3 PER MO.	Y	N	N
A4320		Irrigation tray with bulb or piston syringe, any purpose	\$1.92	35 PER MO.	Y	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A4322		Irrigation syringe, bulb or piston, each	\$2.02	2 PER MO.	Y	N	N
A4327		Female external urinary collection device; metal cup, each	\$38.39	1 PER MO.	Y	N	N
A4332		Lubricant, individual sterile packet, each	\$0.07	144 PER MO.	Y	N	N
A4335		Incontinence supply; misc - Requires Prior Authorization			Y	N	N
A4346		Indwelling catheter, foley type; three-way for continuous irrigation	\$12.51	3 PER MO.	Y	N	N
A4353		Intermittent urinary catheter, w/insertion supplies	\$4.63	150 TOTAL PER MO A4351-A4353	Y	N	N
A4354		Insertion tray with drainage bag, but without catheter	\$8.27	3 PER MO.	Y	N	N
A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$9.19	3 PER MO.	Y	N	N
A4356		External urethral clamp or compression device (not to be used for catheter clamp), each	\$36.07	1 PER 3 MO.	Y	N	N
A4361		Ostomy face plate, each	\$17.70	2 PER MO.	N	N	N
A4362		Skin barrier; solid, 4 x 4 or equivalent; each	\$2.97	20 PER MO.	N	N	N
A4363		Ostomy clamp, any type, replacement only, each	\$1.73	2 PER MO.	N	N	N
A4364		Adhesive; liquid or equal, any type, per oz.	\$2.40	12 PER MO.	N	N	N
A4366		Ostomy vent, any type, each	\$0.92	20 PER MO.	N	N	N
A4367		Ostomy belt, each	\$7.56	2 PER MO.	N	N	N
A4369		Ostomy skin barrier, liquid (spray, brush, etc), per oz	\$2.32	8 PER MO.	N	N	N
A4371		Ostomy skin barrier, powder, per oz	\$3.51	4 PER MO.	N	N	N
A4372		Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	\$4.02	20 PER MO.	N	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	N
A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each	\$13.23	2 TOTAL PER MO A4375, A4376, A4378	N	N	N
A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each	\$35.04	2 TOTAL PER MO A4375, A4376, A4378	N	N	N
A4377		Ostomy pouch, drainable, for use on faceplate, plastic,each	\$4.13	10 PER MO.	N	N	N
A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each	\$25.18	2 TOTAL PER MO A4375, A4376, A4378	N	N	N
A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each	\$11.97	2 TOTAL PER MO A4379, A4380, A4382, A4383	N	N	N
A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each	\$26.97	2 TOTAL PER MO A4379, A4380, A4382, A4383	N	N	N
A4381		Ostomy pouch, urinary, without faceplate attached, rubber, each	\$4.44	10 PER MO.	N	N	N
A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	\$12.10	2 TOTAL PER MO A4379, A4380, A4382, A4383	N	N	N
A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each	\$23.16	2 TOTAL PER MO A4379, A4380, A4382, A4383	N	N	N
A4384		Ostomy faceplate equivalent, silicone ring, each	\$5.67	6 PER MO.	N	N	N
A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	\$4.91	6 PER MO.	N	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A4387		Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	\$3.87	35 PER MO.	N	N	N
A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	\$4.20	6 PER MO.	N	N	N
A4389		Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each	\$5.43	20 PER MO.	N	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	N
A4391		Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	\$6.81	6 PER MO.	N	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	N
A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.23	6 PER MO.	N	N	N
A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.72	16 PER MO.	N	N	N
A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100 PER MO.	N	N	N
A4397		Irrigation supply; sleeve, each	\$4.62	4 PER MO.	N	N	N
A4398		Ostomy irrigation supply; bag, each	\$13.30	2 PER MO.	N	N	N
A4399		Ostomy irrigation supply; cone/catheter, with or without brush	\$11.82	1 PER MO.	N	N	N
A4402		Lubricant per ounce	\$0.38	12 PER MO.	Y	Y	N
A4404		Ostomy ring, each	\$1.95	20 PER MO.	N	N	N
A4405		Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.52	8 OZ TOTAL PER MO. A4405-A4406	N	N	N
A4406		Ostomy skin barrier, pectin-based, paste, per ounce	\$3.52	8 OZ TOTAL PER MO. A4405-A4406	N	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	6 TOTAL PER MO. A4407 - A4408	N	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	6 TOTAL PER MO. A4407 - A4408	N	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	6 TOTAL PER MO. A4409 - A4410	N	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	6 TOTAL PER MO. A4409 - A4410	N	N	N
A4411		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	\$5.14	6 PER MO.	N	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	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. A4414 - A4415	N	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. A4414 - A4415	N	N	N
A4416		Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	\$1.96	60 PER MO.	N	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	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A4418		Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	\$1.45	60 PER MO.	N	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	N
A4420		Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	\$1.70	60 PER MO.	N	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	N
A4424		Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	\$2.97	20 PER MO.	N	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	N
A4426		Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	\$2.41	20 PER MO.	N	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	N
A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	\$6.58	6 PER MO.	N	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	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	N
A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	\$6.28	6 PER MO.	N	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	6 PER MO.	N	N	N
A4433		Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	\$3.46	6 PER MO.	N	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	N
A4450		Tape, non-waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	Y	N	N
A4452		Tape, waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	Y	N	N
A4455		Adhesive remover or solvent (for tape, cement or other adhesive) per ounce	\$0.90	8 PER MO.	N	Y	N
A4456		Adhesive remover, wipes, any type, each	\$0.22	100 PER MO.	N	N	N
A4458		Enema bag with tubing, reusable	\$2.15	15 PER MO.	Y	N	N
A4483		Moisture exchanger, disposable, for use with invasive mechanical ventilation	\$3.18	60 PER MO.	Y	N	N
A4550		Surgical trays	\$7.25	12 PER MO.	Y	N	N
A4556		Electrodes (e.g. Apnea monitor), per pair	\$4.05	15 PER MO.	Y	N	Y
A4557		Lead wires, (e.g., apnea monitor) per pair	\$16.53	2 PER 3 MO.	Y	N	Y
A4558		Conductive paste or gel	\$5.63	1 PER MO.	Y	N	N
A4561		Pessary, rubber, any type	\$15.26	1 PER 3 MO.	N	N	N
A4562		Pessary, non rubber, any type	\$17.08	1 PER 3 MO.	N	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A4595		Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)	\$2.54	15 PER MO.	Y	N	Y
A4605		Tracheal suction catheter, closed system, each	\$14.44	15 PER MO.	Y	N	Y
A4606		Oxygen probe for use with oximeter device, replacement	\$20.39	4 PER MO	Y	N	Y
A4608		Transtracheal oxygen catheter, each	\$58.73	2 PER 3 MO.	Y	N	N
A4614		Peak expiratory flow rate meter, hand held	\$17.79	1 PER 3 MO.	Y	N	N
A4615		Cannula nasal	\$0.75	6 PER MO.	Y	N	N
A4616		Tubing, (oxygen), per foot	\$0.08	60 FEET PER MO.	Y	N	N
A4617		Mouth piece	\$2.78	2 PER MO.	Y	N	N
A4618		Breathing circuits	\$7.80	15 PER MO.	Y	N	N
A4619		Face tent	\$1.27	1 PER MO.	Y	N	N
A4620		Variable concentration mask	\$1.03	4 PER MO.	Y	N	N
A4623		Tracheostomy, inner cannula	\$5.98	35 PER MO.	Y	N	N
A4624		Tracheal suction catheter, any type, other than closed system, each	\$1.16	300 PER MO.	Y	N	Y
A4625		Tracheostomy care kit for new tracheostomy	\$5.23	15 PER YEAR	Y	N	N
A4626		Tracheostomy cleaning brush, each	\$2.72	2 PER MO.	Y	N	N
A4626	22	Cotton balls per 100	\$2.97	3 PER MO.	Y	Y	N
A4626	59	Applicators	\$0.03	400 PER MO.	Y	Y	N
A4627		Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$15.75	1 PER 2 MO.	N	N	N
A4628		Oropharyngeal suction catheter, each	\$2.87	8 PER MO.	Y	N	Y
A4629		Tracheostomy care kit for established tracheostomy	\$4.01	100 PER MO.	Y	N	N
A4649		Surgical supply; misc - Requires Prior Authorization	\$0.00		Y	N	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	N
A4927	22	Gloves, sterile per pair	\$0.51	90 PAIR PER MO.	Y	N	N
A5051		Ostomy pouch, closed; with barrier attached (1 piece), each	\$1.83	60 TOTAL PER MO. A5051 - A5054	N	N	N
A5052		Ostomy pouch, closed; without barrier attached (1 piece), each	\$1.32	60 TOTAL PER MO. A5051 - A5054	N	N	N
A5053		Ostomy pouch, closed; for use on faceplate, each	\$1.42	60 TOTAL PER MO. A5051 - A5054	N	N	N
A5054		Ostomy pouch, closed; for use on barrier with flange (2 piece), each	\$1.50	60 TOTAL PER MO. A5051 - A5054	N	N	N
A5055		Stoma cap	\$1.80	4 PER MO.	N	N	N
A5056		Ostomy pouch, drainable; with extended wear barrier attached, with filter (1 piece), each	\$4.35	6 PER MO.	N	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	N
A5062		Ostomy pouch, drainable; without barrier attached (1 piece), each	\$2.14	20 TOTAL PER MO. A5062 - A5063	N	N	N
A5062	22	Ostomy pouch, drainable with karaya based barrier attached, without built-in convexity, (1 piece), each	\$2.70	20 TOTAL PER MO. A5062 - A5063	N	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A5062	59	Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity, (1 piece), each	\$2.70	20 TOTAL PER MO. A5062 - A5063	N	N	N
A5063		Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	\$2.46	20 TOTAL PER MO. A5062 - A5063	N	N	N
A5071		Ostomy pouch, urinary; with barrier attached (1 piece), each	\$4.19	20 TOTAL PER MO. A5071 - A5073	N	N	N
A5072		Ostomy pouch, urinary; without barrier attached (1 piece), each	\$3.46	20 TOTAL PER MO. A5071 - A5073	N	N	N
A5073		Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	\$3.07	20 TOTAL PER MO. A5071 - A5073	N	N	N
A5081		Continent device; plug for continent stoma	\$3.04	4 PER MO.	Y	N	N
A5082		Continent device; catheter for continent stoma	\$10.70	1 PER MO.	Y	N	N
A5083		Continent device, stoma absorptive cover for continent stoma	\$1.73	35 PER MO.	N	N	N
A5093		Ostomy accessory; convex insert	\$1.81	10 PER MO.	N	N	N
A5102		Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$21.75	1 PER MO.	Y	N	N
A5105		Urinary suspensory with leg bag, with or without tube, each	\$39.27	1 PER MO.	Y	N	N
A5113		Leg strap; latex, replacement only, per set	\$0.78	2 PER MO.	Y	N	N
A5114		Leg strap; foam or fabric, replacement only, per set	\$4.73	2 PER MO.	Y	N	N
A5120		Skin Barrier, wipes or swabs, each	\$0.19	60 PER MO.	N	N	N
A5121		Skin barrier; solid, 6 x 6 or equivalent, each	\$6.00	15 PER MO.	N	N	N
A5122		Skin barrier; solid, 8 x 8 or equivalent, each	\$11.19	8 PER MO.	N	N	N
A5126		Adhesive, or non-adhesive; disk or foam pad	\$1.16	20 PER MO.	N	N	N
A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.94	1 PER MO.	N	N	N
A6010		Collagen based wound filler, dry form, per gram of collagen	\$4.30	35 PER MO.	Y	N	N
A6021		Collagen dressing, pad size 16 sq. in or less, each	\$10.01	35 PER MO.	Y	N	N
A6022		Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	\$12.67	35 PER MO.	Y	N	N
A6023		Collagen dressing, pad size more than 48 sq. in., each	\$13.47	20 PER MO.	Y	N	N
A6024		Collagen dressing wound filler, per 6 inches	\$4.68	35 PER MO.	Y	N	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	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	N
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	N
A6199		Alginate or other fiber gelling dressing, wound filler, per 6 inches	\$4.42	35 PER MO.	Y	N	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	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	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	N
A6206		Contact layer, 16 sq in., or less, each dressing	\$0.98	35 PER MO.	Y	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
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	N
A6208		Contact layer, more than 48 sq. in., each dressing	\$3.44	35 PER MO.	Y	N	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	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	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	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	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	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	N
A6215		Foam dressing, wound filler, per gram	\$2.34	35 PER MO.	Y	N	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	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	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	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	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	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	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	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	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	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	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	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	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A6234		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.59	35 PER MO.	Y	N	N
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	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	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	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	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	N
A6240		Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$8.03	12 PER MO.	Y	N	N
A6241		Hydrocolloid dressing, wound filler, dry form, per gram	\$1.52	12 PER MO.	Y	N	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	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	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	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	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	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	N
A6248		Hydrogel dressing, wound filler, gel, per fluid ounce	\$12.85	6 PER MO.	Y	N	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	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	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	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	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	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	N
A6257		Transparent film, 16 sq. in. or less, each dressing	\$0.61	35 PER MO.	Y	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
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	N
A6259		Transparent film, more than 48 sq. in. each dressing	\$5.28	12 PER MO.	Y	N	N
A6261		Wound filler, gel/paste, per fluid ounce, not otherwise specified	\$0.19	35 PER MO.	Y	N	N
A6262		Wound filler, dry form, per gram, not otherwise specified	\$0.19	90 PER MO.	Y	N	N
A6266		Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard	\$1.28	35 PER MO.	Y	N	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	N
A6402	59	Pre cut gauze trach dressing	\$0.27	200 PER MO.	Y	N	N
A6407		Packing strips, non-impregnated, up to 2 inches in width, per linear yard	\$1.33	35 PER MO.	Y	N	N
A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	\$0.15	150 PER MO.	Y	N	N
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	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	N
A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$0.48	20 PER MO.	Y	N	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	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	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	N
A7000		Canister, disposable, used with suction pump, each	\$6.45	2 PER MO.	Y	N	Y
A7001		Canister, non-disposable, used with suction pump, each	\$21.51	1 PER 3 MO.	Y	N	Y
A7002		Tubing, used with suction pump, each	\$3.31	6 PER MO.	Y	N	Y
A7003		Administration set, with small volume non-filtered pneumatic nebulizer, disposable	\$2.07	35 PER MO.	Y	N	Y
A7004		Small volume nonfiltered pneumatic nebulizer, disposable	\$1.57	35 PER MO.	Y	N	Y
A7005		Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$22.27	2 PER 3 MO.	Y	N	Y
A7006		Administration set, with small volume filtered pneumatic nebulizer	\$9.19	1 PER MO.	Y	N	Y
A7007		Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$3.39	6 PER MO.	Y	N	Y
A7007	22	Sterile water or sterile saline, 1000 ml used with large volume nebulizer	\$3.52	35 PER MO.	Y	N	Y
A7008		Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$4.22	6 PER MO.	Y	N	Y
A7008	22	Sterile water, heated humidifier use 1650 - 2000 cc	\$6.92	35 PER MO.	Y	N	Y
A7008	59	Sterile water, autofeed/heated humidifier use 1650 - 2000 cc	\$10.58	10 PER MO.	Y	N	Y

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A7009		Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$30.37	2 PER 3 MO.	Y	N	Y
A7010		Corrugated tubing, disposable, used with large volume nebulizer 100 feet	\$15.93	2 PER MO.	Y	N	Y
A7011		Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	\$10.22	1 PER MO.	Y	N	Y
A7012		Water collection device, used with large volume nebulizer	\$2.80	20 PER MO.	Y	N	Y
A7013		Filter, disposable, used with aerosol compressor or ultrasonic generator	\$0.72	4 PER MO.	Y	N	Y
A7014		Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.29	1 PER MO.	Y	N	Y
A7015		Aerosol mask, used with DME nebulizer	\$1.48	4 PER MO.	Y	N	Y
A7016		Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$4.71	4 PER MO.	Y	N	Y
A7018		Water, distilled, used with large volume nebulizer, 1000ml.	\$1.31	12 PER MO.	Y	N	Y
A7018	22	Sterile water irrigation solution, 1000 ml	\$3.52	35 PER MO.	Y	N	N
A7018	59	Sterile saline irrigation solution, 1000 ml	\$4.55	35 PER MO.	Y	N	N
A7020		Interface for cough stimulating device, includes all components, replacement only	\$41.56	1 PER 3 MO.	Y	N	Y
A7027		Combination oral/nasal mask, used with continuous positive airway pressure device, each	\$161.94	1 TOTAL PER 3 MO. A7027, A7030, A7034	Y	N	Y
A7028		Oral cushion for combination oral/nasal mask, replacement only, each	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	Y	N	Y
A7029		Nasal pillows for combination oral/nasal mask, replacement only, pair	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	Y	N	Y
A7030		Full face mask used with positive airway pressure device, each	\$161.94	1 TOTAL PER 3 MO. A7027, A7030, A7034	Y	N	Y
A7031		Face mask interface, replacement for full face mask, each	\$59.89	1 PER 3 MO.	Y	N	Y
A7032		Cushion for use on nasal mask interface, replacement only, each	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	Y	N	Y
A7033		Pillow for use on nasal cannula type interface, replacement only, pair	\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	Y	N	Y
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. A7027, A7030, A7034	Y	N	Y
A7035		Headgear, used with positive airway pressure device	\$35.25	1 PER 3 MO.	Y	N	Y
A7036		Chin strap used with positive airway pressure device	\$13.75	1 PER 3 MO.	Y	N	Y
A7037		Tubing used with positive airway pressure device	\$33.14	2 PER 3 MO.	Y	N	Y
A7038		Filter, disposable, used with positive airway pressure device	\$4.05	2 PER MO.	Y	N	Y
A7039		Filter, non-disposable, used with positive airway pressure device	\$9.57	1 PER 3 MO.	Y	N	Y
A7046		Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$11.36	4 PER MO.	Y	N	Y
A7520		Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.76	1 TOTAL PER MO. A7520-A7521	Y	N	N
A7521		Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.76	1 TOTAL PER MO. A7520-A7521	Y	N	N
A7522		Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	\$60.76	1 PER 3 MO.	Y	N	N

Code	Modifier	Description	MaxFee	MaxQty/Mo	In NH Rate	In HC Rate	Benchmark Indicator
A7523		Tracheostomy shower protector, each	\$5.87	1 PER MO.	Y	N	N
A7524		Tracheostoma stent/stud/button, each	\$6.29	4 PER MO.	Y	N	N
A7525		Tracheostomy mask, each	\$1.41	20 PER MO.	Y	N	Y
A7526		Tracheostomy tube collar/holder, each	\$3.09	35 PER MO.	Y	N	N
A9284		Spirometer, non-electronic, includes all accessories	\$10.23	1 PER 6 MO.	Y	N	N
B4035		Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	\$6.18	35 TOTAL PER MO. B4035-B4036	Y	N	Y
B4036		Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	\$5.07	35 TOTAL PER MO. B4035-B4036	Y	N	N
B4081		Nasogastric tubing with stylet	\$11.73	10 PER MO.	Y	N	N
B4082		Nasogastric tubing without stylet	\$11.46	10 PER MO.	Y	N	N
B4083		Stomach tube-levine type	\$2.45	4 PER MO.	Y	N	N
B4087		Gastrostomy/jejunostomy tube, standard, any material, any type, each	\$37.59	2 TOTAL PER MO. B4087-B4088	Y	N	N
B4088		Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	\$37.59	2 TOTAL PER MO. B4087-B4088	Y	N	N
B4088	22	Feeding tube extension set	\$9.27	10 PER MO.	Y	N	N
B4088	59	Skin Level gastrostomy feeding tube kit	\$125.90	7 PER YEAR	Y	N	N
S1015		IV tubing extension set	\$2.85	20 PER MO.	N	N	N
S1016		Non-PVC intravenous administration set	\$5.50	20 TOTAL PER MO. T1999-U5 and S1016			Y
S8101		Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$47.93	1 PER 6 MO.	N	N	N
S8185		Flutter device	\$42.90	1 PER 6 MO.	Y	N	N
S8186		Swivel adaptor	\$1.99	20 PER MO.	N	N	N
T1999	59	IV injection site, injection cap, connector	\$1.69	12 PER MO.	N	N	N
T1999	U1	Biohazard disposable container, needle and syringe-1 gallon, medium	\$4.50	1 PER MO.	Y	N	N
T1999	U2	Biohazard disposable container, needle and syringe-2 gallon, large	\$6.55	1 PER MO.	Y	N	N
T1999	U3	IV universal secure device	\$3.71	6 PER MO.	N	N	N
T1999	U5	IV administration cassette, includes 50 and 100cc, includes tubing	\$8.96	20 PER MO.	N	N	N
T1999	U6	Central line dressing change kit	\$5.60	6 PER MO.	N	N	N
T1999	U9	IV catheter/infusion set	\$3.34	20 PER MO.	N	N	N
V5266		Battery for use in hearing device	\$1.03	12 PER MO.	N	N	N