

WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Please refer to ForwardHealth Updates for additional policy information.

Code	Description	Additional Service Code Description	Modifier	Max Fee	Max Quantity Per Month	In NH Rate	In HC 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 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 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 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 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 A4305-A4306	Y	N
A4306	Disposable drug delivery system, flow rate of less than 50ml per hour			\$11.34	35 TOTAL PER MO 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 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 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		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 A4375, A4376, A4378	N	N
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each			\$35.04	2 TOTAL PER MO 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 A4375, A4376, A4378	N	N
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each			\$11.97	2 TOTAL PER MO A4379, A4380, A4382, A4383	N	N
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each			\$26.97	2 TOTAL PER MO 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 A4379, A4380, A4382, A4383	N	N
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each			\$23.16	2 TOTAL PER MO 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. A4405-A4406	N	N
A4406	Ostomy skin barrier, pectin-based, paste, per ounce			\$3.52	8 OZ TOTAL PER MO. 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. 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. 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. 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. 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. 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. 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. A4450 - A4452	Y	N
A4452	Tape, waterproof, per 18 square inches			\$0.12	150 TOTAL PER MO. 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. A5051 - A5054	N	N
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each			\$1.32	60 TOTAL PER MO. A5051 - A5054	N	N
A5053	Ostomy pouch, closed; for use on faceplate, each			\$1.42	60 TOTAL PER MO. 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. 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. 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. 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. A5062 - A5063	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
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each			\$4.19	20 TOTAL PER MO. A5071 - A5073	N	N
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each			\$3.46	20 TOTAL PER MO. A5071 - A5073	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
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. 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. A7028-A7029, A7032-A7033	Y	N
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair			\$21.83	1 TOTAL PER 3 MO. A7028-A7029, A7032-A7033	Y	N
A7030	Full face mask used with positive airway pressure device, each			\$161.94	1 TOTAL PER 3 MO. 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. 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. 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. 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. 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. 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. B4087-B4088	Y	N
B4088	Gastrostomy/Jejunostomy tube, low-profile, any material, any type, each			\$125.90	2 TOTAL PER MO. 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
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Always Requires PA		Priced on PA		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. 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. 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. 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

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