

To:

Blood Banks

Home Health
Agencies

Individual Medical
Supply Providers

Medical Equipment
Vendors

Nursing Homes

Personal Care
Agencies

Pharmacies

HMOs and Other
Managed Care
Programs

Changes to the Disposable Medical Supplies Index/Maximum Allowable Fee Schedule

Effective for dates of service on and after August 1, 2002, Wisconsin Medicaid will cover and reimburse only disposable medical supplies (DMS) that are listed in the attached DMS Index.

Additions and changes to the Disposable Medical Supplies Index

Effective for dates of service (DOS) on and after August 1, 2002, Wisconsin Medicaid is making changes that will affect disposable medical supplies (DMS) coverage, policies, and limitations. Wisconsin Medicaid will cover and reimburse only items that are listed in the attached DMS Index. These changes reflect quarterly HCFA Common Procedure Coding System (HCPCS) code changes from the Centers for Medicare and Medicaid Services (CMS), formerly HCFA, and the Division of Health Care Financing. These changes include the following:

- Adding new HCPCS codes. New codes are designated by “N” under the “Change” column of the index.
- Changing some HCPCS and local codes. Codes with changes are designated by “C” under the “Change” column of the index.

Wisconsin Medicaid is also eliminating several local codes and most local modifiers to conform with federal legislation* that requires the use of national code sets. Several maximum allowable fee and quantity limitation changes have been

made to accommodate for the elimination of local modifiers.

Deletion of HCPCS and local codes from the Disposable Medical Supplies Index

The following HCPCS procedure codes have been deleted from the DMS Index:

- A4329.
- A4368.
- A4370.
- A4374.
- A4386.
- A5061.
- A5064.
- A5074.
- A5075.
- A5123.
- A6265.
- B4084.
- B4085.

The following local codes and modifiers have been deleted from the DMS Index:

- W1253.
- W1308.
- W1316.
- W1317.
- W1318.
- W1319.
- W1320.
- W1321.
- W1324.
- W1325.

- W1327.
- W1330.
- W1331.
- W1332.
- W6402 — Modifier 20.
- W6409 — Modifier 10.
- W6412 — Modifiers 10, 20, and 30.
- W6781 — Modifiers 10, 20, and 30.

Only the *modifiers* of the following procedure codes have been deleted from the DMS Index:

- Modifiers 10 and 20 of code A4254.
- Modifiers 10, 20, 30, and 40 of code A4322.
- Modifier 20 of code A4323.
- Modifiers 10 and 20 of code A4338.
- Modifiers 10 and 20 of code A4344.
- Modifier 10 of code A4353.
- Modifiers 10, 20, 30, 40, 50, 60, and 70 of code A4460.
- Modifier 10 of code A4550.
- Modifiers 10, 20, 30, 40, 50, and 60 of code A4554.
- Modifiers 01, 02, 03, 04, and 05 of code A4580.
- Modifiers 10, 20, 30, 40, and 50 of code A4595.
- Modifiers 10, 20, 30, 32, 40, 55, 60, 65, and 70 of code A4622.
- Modifiers 10, 30, and 50 of code A4624.
- Modifier 10 of code A4649.
- Modifiers 10, 20, 30, and 40 of code A4927.
- Modifiers 10, 30, 40, and 50 of code B4035.
- Modifiers 10, 30, and 40 of code B4083.
- Modifiers 10 and 20 of code B4084.
- Modifiers 10, 20, 30, and 40 of code K0187.
- Modifiers 10 and 20 of code W6400.
- Modifiers 01 and 10 of code W6403.
- Modifier 10 of code W6406.
- Modifiers 05, 30, 50, 60, 80, and 90 of code W6411.
- Modifiers 10 and 20 of code W6413.

Modifier changes

Providers should make note of the following prior authorization (PA) and diabetic supplies modifier changes.

Prior authorization modifier change

Providers currently use Wisconsin Medicaid local modifier “PA” when requesting PA for supplies not contained in the index. Effective for new and renewal PA requests received by Wisconsin Medicaid on and after August 1, 2002, providers will be required to indicate the HCPCS national modifier “SC” (medically necessary service or supply), in Element 15 of the Prior Authorization Request Form (PA/RF) for those items that require PA.

Insulin-treated diabetic modifier change

Providers currently submitting claims for all diabetic monitors, accessories, and supplies for recipients with Type I diabetes use modifier “ZX.” Effective for DOS on and after August 1, 2002, providers will be required to enter the national modifier “KX” (specific required documentation on file), in element 24D of the HCFA 1500 claim form for *each* procedure code billed for recipients with Type I diabetes.

Providers should continue to use modifier “KS” for each procedure code billed for recipients with Type II diabetes.

Prior authorization requirement changes

Effective for DOS on and after August 1, 2002, Wisconsin Medicaid will require PA for the following supplies:

- A4580 — Cast supplies (e.g., plaster).
- A4649 — Surgical supply, miscellaneous.

Prior authorization requests with deleted procedure codes or modifiers

Providers are not required to amend PA requests with deleted procedure codes or modifiers. Providers should submit claims with

Effective for dates of service on and after August 1, 2002, providers will be required to enter the national modifier “KX” (specific required documentation on file), in element 24D of the HCFA 1500 claim form for *each* procedure code billed for recipients with Type I diabetes.

the same procedure code or modifier that was used on the PA request.

Revised Disposable Medical Supplies Index/Maximum Allowable Fee Schedule

Providers are not required to amend PA requests with deleted procedure codes or modifiers.

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* is the revised DMS Index that lists the procedure codes reimbursable by Wisconsin Medicaid, as well as coverage and limitations applicable to each code. The attached DMS Index includes rate increases in maximum allowable fees mandated by Wisconsin Act 16, the 2001-2003 biennial budget:

- 1.065% rate increase effective for DOS on and after July 1, 2001.
- 1.095% rate increase effective for DOS on and after July 1, 2002.

The attached index completely replaces the DMS Index dated September 1, 2001, which was mailed as part of the July 2001 *Update* (2001-23), titled “Changes to the Disposable Medical Supplies Index.”

Online Disposable Medical Supplies Index

Providers may search the entire DMS Index on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ by following these steps:

1. At the Wisconsin Medicaid Home page, choose “Providers.”
2. Under “Reference, Tools” select “Fee Schedules.”
3. Select “Disposable Medical Supplies (DMS) Index.”
4. Choose the “Interactive, searchable DMS Index.”

Providers may conduct searches by effective date and then search by category or code.

Services performed before August 1, 2002

To prepare claims for services performed before August 1, 2002, providers have the following options to access the old DMS Index:

- Search the interactive, searchable DMS Index on the Medicaid Web site.
- View and/or print a Portable Document Format (PDF) version of the old index. To view the PDF version, under “Information Listed by Provider Type,” select “Medical Supply Providers.” Then scroll down to the bottom of the page and choose “Archived publications.”
- Keep a paper copy of the DMS Index dated September 1, 2001.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

*The Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the use of national code sets such as HCPCS codes. For more information on HIPAA, refer to the following Web site: www.dhfs.state.wi.us/hipaa/.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, PO Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

DISPOSABLE MEDICAL SUPPLIES INDEX MAXIMUM ALLOWABLE FEE SCHEDULE

The Disposable Medical Supplies (DMS) Index/Maximum Allowable Fee Schedule contains information necessary for proper billing of DMS. This DMS Index completely replaces the previous DMS Index.

Wisconsin Medicaid utilizes HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Centers for Medicare and Medicaid Services (CMS), formerly HCFA, as well as Wisconsin Medicaid local codes. When using the procedure codes listed in this index, providers must select the procedure code that most accurately identifies the supply or service ordered and dispensed.

In accordance with the Terms of Reimbursement, Wisconsin Medicaid-certified providers are reimbursed for services provided to eligible recipients at the lesser of the billed amount or the maximum allowable fee for the procedure.

Prior Authorization Requirements

HFS 107.24(2)(b), Wis. Admin. Code, states covered services are limited to supplies contained in the Wisconsin Medicaid DMS Index. Supplies requested which are not contained in the index require prior authorization (PA). To request PA, complete and submit a Prior Authorization Request Form (PA/RF) and a Prior Authorization Durable Medical Equipment Attachment (PA/DMEA) according to instructions given in the Durable Medical Equipment Handbook. Providers are also required to:

- Indicate the code from the DMS Index for a supply item that most closely matches the item to be dispensed in Element 14 of the PA/RF.
- Indicate modifier “SC” in Element 15 of the PA/RF.
- Include a complete description of the item, product information, and the medical necessity for the service or supply.

Not Otherwise Classified Supplies

When there is no similar item listed in the DMS Index, indicate procedure code W6499 — not otherwise classified (NOC). Prior to using the NOC procedure code, determine that a specific HCPCS or local procedure code is not available.

More Information

If you have questions regarding the information attached, please contact the Division of Health Care Financing (DHCF) Community Services Section by writing to:

DMS Policy Analyst
Community Services Section
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

**KEY TO READING THE DISPOSABLE MEDICAL SUPPLIES INDEX
MAXIMUM ALLOWABLE FEE SCHEDULE**

- CODE:** Five-digit alphanumeric HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Centers for Medicare and Medicaid Services (CMS), formerly HCFA, or Wisconsin Medicaid-assigned local procedure codes that identify the Disposable Medical Supplies (DMS).
- MODIFIER:** Modifiers used by Wisconsin Medicaid to indicate additional entries of procedure codes associated to the HCPCS and Wisconsin Medicaid-assigned base codes.
- Y — Indicates modifiers specified must always be used when billing for the procedure code.
 - N — Indicates modifiers are not required when billing for the procedure code but, if listed, may be used if the modifier indicates a more accurate definition of the supply.
- IN NH RATE:**
- YES — Indicates that the item is included in the nursing home daily rate and is not separately reimbursable for Wisconsin Medicaid nursing home residents.
 - NO — Indicates this item is not included in the nursing home daily rate and is separately reimbursable for Wisconsin Medicaid nursing home recipients.
- IN HC RATE:**
- YES — Indicates that the item is included in the home care visit rate and is not separately reimbursable for Wisconsin Medicaid home care recipients.
 - NO — Indicates this item is not included in the home care visit rate and is separately reimbursable for Wisconsin Medicaid home care recipients.
- DESCRIPTION:** Base HCPCS or Wisconsin Medicaid-assigned local procedure code. The description that appears in the first row of each procedure code is the description that will appear on Remittance and Status (R/S) Reports, regardless of the modifier used. Providers will need to use the DMS Index/Maximum Allowable Fee Schedule with the R/S Report to verify Wisconsin Medicaid’s maximum allowable fee payments.
- Descriptions may also indicate quantities of each, package, and per box, which is considered one unit. For example, a box may contain multiple items. If “per box of 100” is indicated, the quantity or unit is equal to one (1).
- MAX FEE:** Maximum allowable fee for each procedure code and modifier.
- MAX QTY/MO:** Quantity allowed per recipient per calendar month (January, February, March, etc.) unless a different time period is indicated.
- CHANGE:** Current DMS Index revisions.
- C — Indicates changes.
 - N — Indicates new information.

WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4206	N			Syringe with needle; sterile 1cc, each			
A4206		YES	NO	Syringe with needle; sterile 1cc, each	\$0.22	60 PER MO.	N
A4207	N			Syringe with needle; sterile 2cc, each			
A4207		YES	NO	Syringe with needle; sterile 2cc, each	\$0.18	60 PER MO.	N
A4208	N			Syringe with needle; sterile 3cc, each			
A4208		YES	NO	Syringe with needle; sterile 3cc, each	\$0.17	60 PER MO.	N
A4209	N			Syringe with needle; sterile 5cc or greater, each			
A4209		YES	NO	Syringe with needle; sterile 5cc or greater, each	\$0.21	150 PER MO.	N
A4213	N			Syringe, sterile, 20cc or greater, each			
A4213		YES	NO	Syringe, sterile, 20cc or greater, each	\$0.62	70 PER MO.	N
A4215	N			Needles only, sterile, any size, each			
A4215		YES	NO	Needles only, sterile, any size, each	\$0.08	200 PER MO.	N
A4230	N			Infusion set for external insulin pump, non needle cannula type			
A4230		NO	NO	Infusion set for external insulin pump, non needle cannula type	\$10.39	12 PER MO.	
A4231	N			Infusion set for external insulin pump, needle type			
A4231		NO	NO	Infusion set for external insulin pump, needle type	\$6.25	12 PER MO.	
A4232	N			Syringe with needle for external insulin pump, sterile 3cc			
A4232		NO	NO	Syringe with needle for external insulin pump, sterile 3cc	\$3.26	12 PER MO.	
A4244	N			Alcohol per pint			
A4244		YES	YES	Alcohol per pint	\$1.43	3 PER MO.	
A4250	N			Urine test or reagent strips or tablets (100 tablets or strip)			
A4250		YES	NO	Urine test or reagent strips or tablets (100 tablets or strips)	\$14.98	2 PER MO.	
A4253	Y			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics			
A4253	KS	YES	NO	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics	\$36.33	4 PER 3 MO.	C
A4253	KX	YES	NO	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE I Diabetics	\$36.33	3 PER MO.	C
A4254	N			Replacement battery any type, for use w/medically necessary home blood glucose monitor owned by patient, each			
A4254		YES	NO	Replacement battery any type, for use w/medically necessary home blood glucose monitor owned by patient, each	\$3.06	4 PER MO.	C
A4256	N			Normal, low and high calibrator solution/chips			
A4256		YES	NO	Normal, low and high calibrator solution/chips	\$11.69	2 PER MO.	C
A4258	N			Spring Powered Device for Lancet, each			
A4258		YES	NO	Spring Powered Device for Lancet, each	\$14.32	1 PER 6 MO.	
A4259	Y			Lancets, per box of 100 TYPE II Diabetics			
A4259	KS	YES	NO	Lancets, per box of 100 TYPE II Diabetics	\$8.58	2 PER 3 MO.	C
A4259	KX	YES	NO	Lancets, per box of 100 TYPE I Diabetics	\$8.58	2 PER MO.	C
A4280	N			Adhesive skin support attachment for use with external breast prosthesis, each			
A4280		NO	NO	Adhesive skin support attachment for use with external breast prosthesis, each	\$3.72	8 PER MO.	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED
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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4310	N			Insertion tray without drainage bag; and without catheter			
A4310		YES	NO	Insertion tray without drainage bag; and without catheter (accessories only)	\$4.87	3 PER MO.	C
A4311	N			Insertion tray without drainage bag; with indwelling cath			
A4311		YES	NO	Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$11.37	3 PER MO.	C
A4312	N			Insertion tray without drainage bag; with indwelling cath			
A4312		YES	NO	Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$13.11	3 PER MO.	C
A4313	N			Insertion tray without drainage bag; with indwelling cath			
A4313		YES	NO	Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$14.10	3 PER MO.	C
A4314	N			Insertion tray with drainage bag; with indwelling catheter			
A4314		YES	NO	Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	\$17.88	3 PER MO.	C
A4315	N			Insertion tray with drainage bag; with indwelling catheter			
A4315		YES	NO	Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$19.23	3 PER MO.	C
A4316	N			Insertion tray with drainage bag; with indwelling catheter			
A4316		YES	NO	Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$21.24	3 PER MO.	C
A4319	N			Sterile water irrigation solution, 1000ml.			
A4319		YES	NO	Sterile water irrigation solution, 1000ml.	\$3.53	35 PER MO.	
A4320	N			Irrigation tray with bulb or piston syringe, any purpose			
A4320		YES	NO	Irrigation tray with bulb or piston syringe, any purpose	\$2.32	35 PER MO.	C
A4322	N			Irrigation syringe, bulb or piston, each			
A4322		YES	NO	Irrigation syringe, bulb or piston, each	\$2.90	2 PER MO.	C
A4323	N			Sterile saline irrigation solution, 1000ml			
A4323		YES	NO	Sterile saline irrigation solution, 1000ml	\$4.50	35 PER MO.	C
A4324	N			Male external catheter, with adhesive coating, each			
A4324		YES	NO	Male external catheter, with adhesive coating, each	\$1.01	35 TOTAL PER MO. A4324-A4325	
A4325	N			Male external catheter, with adhesive strip, each			
A4325		YES	NO	Male external catheter, with adhesive strip, each	\$1.01	35 TOTAL PER MO. A4324-A4325	
A4326	N			Male external catheter specialty type, (e.g., inflatable, fac			
A4326		YES	NO	Male external catheter specialty type, (e.g., inflatable, faceplate, etc;) each	\$10.19	2 PER MO.	
A4327	N			Female external urinary collection device; meatal cup, ea			
A4327		YES	NO	Female external urinary collection device; meatal cup, each	\$38.01	1 PER MO.	
A4328	N			Female external urinary collection device; pouch, each			
A4328		YES	NO	Female external urinary collection device; pouch, each	\$8.98	12 PER MO.	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED
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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4331	N			Extension drainage tubing, any type, any length, with co			
A4331		NO	NO	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	\$2.13	4 PER MO.	
A4332	N			Lubricant, individual sterile packet, for insertion of urina			
A4332		YES	NO	Lubricant, individual sterile packet, for insertion of urinary catheter, each	\$0.07	144 PER MO.	
A4333	N			Urinary catheter anchoring device, adhesive skin attach			
A4333		YES	NO	Urinary catheter anchoring device, adhesive skin attachment, each	\$1.36	12 PER MO.	
A4335	N			Incontinence supply; misc - Requires Prior Authorization			
A4335		YES	NO	Incontinence supply; misc - Requires Prior Authorization	\$0.00		
A4338	N			Indwelling catheter; foley type, two-way latex with coatin			
A4338		YES	NO	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	\$7.81	3 PER MO.	C
A4340	N			Indwelling catheter; specialty type, (e.g.; coude, mushro			
A4340		YES	NO	Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)	\$6.58	3 PER MO.	C
A4344	N			Indwelling catheter, foley type; two-way all silicone			
A4344		YES	NO	Indwelling catheter, foley type; two-way all silicone	\$9.45	3 PER MO.	C
A4346	N			Indwelling catheter, foley type; three-way for continuous			
A4346		YES	NO	Indwelling catheter, foley type; three-way for continuous irrigation	\$12.39	3 PER MO.	C
A4348	N			Male external catheter with integral collection compartm			
A4348		YES	NO	Male external catheter with integral collection compartment, extended wear, each (e.g.2 per mo.)	\$8.98	2 PER MO.	
A4351	N			Intermittent urinary catheter; straight tip, with or without			
A4351		YES	NO	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.52	150 TOTAL PER MO. A4351 - A4353	C
A4352	N			Intermittent urinary catheter; coude (curved) tip, with or			
A4352		YES	NO	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each	\$3.05	150 TOTAL PER MO. A4351 - A4353	C
A4353	N			Intermittent urinary catheter, w/insertion supplies			
A4353		YES	NO	Intermittent urinary catheter, w/insertion supplies	\$4.58	150 TOTAL PER MO. A4351 - A4353	C
A4354	N			Insertion tray with drainage bag, but without catheter			
A4354		YES	NO	Insertion tray with drainage bag, but without catheter	\$8.19	3 PER MO.	C
A4355	N			Irrigation tubing set for continuous bladder irrigation thr			
A4355		YES	NO	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$9.10	3 PER MO.	C
A4356	N			External urethral clamp or compression device (not to be			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED
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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4356		YES	NO	External urethral clamp or compression device (not to be used for catheter clamp), each	\$36.10	1 PER 3 MO	
A4357	N			Bedside drainage bag, day or night with or without anti-r			
A4357		YES	NO	Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each	\$7.01	4 PER MO.	
A4358	N			Urinary drainage bag, leg or abdomen, vinyl, with or with			
A4358		YES	NO	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$6.40	4 PER MO.	C
A4359	N			Urinary suspensory without leg bag, each			
A4359		YES	NO	Urinary suspensory without leg bag, each	\$24.14	1 PER MO.	
A4361	N			Ostomy face plate, each			
A4361		NO	NO	Ostomy face plate, each	\$17.71	2 PER MO.	
A4362	N			Skin barrier; solid, 4 x 4 or equivalent; each			
A4362		NO	NO	Skin barrier; solid, 4 x 4 or equivalent; each	\$3.26	20 PER MO.	
A4364	N			Adhesive; liquid or equal, any type, per oz.			
A4364		NO	NO	Adhesive; liquid or equal, any type, per oz.	\$2.41	12 PER MO.	
A4365	N			Adhesive remover wipes, any type, per 50 (Ostomy use o			
A4365		NO	YES	Adhesive remover wipes, any type, per 50 (Ostomy use only)	\$9.21	1 PER MO.	
A4367	N			Ostomy belt, each			
A4367		NO	NO	Ostomy belt, each	\$7.49	2 PER MO.	C
A4369	N			Ostomy skin barrier, liquid (spray, brush, etc), per oz			
A4369		NO	NO	Ostomy skin barrier, liquid (spray, brush, etc), per oz	\$2.33	8 PER MO.	
A4371	N			Ostomy skin barrier, powder, per oz			
A4371		NO	NO	Ostomy skin barrier, powder, per oz	\$3.52	4 PER MO.	
A4372	N			Ostomy skin barrier, solid 4x4 or equivalent, standard w			
A4372		NO	NO	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	\$4.02	20 PER MO.	
A4373	N			Ostomy skin barrier, with flange (solid, flexible or accord			
A4373		NO	NO	Ostomy skin barrier, with flange (solid, flexible or accordian), standard wear, with built-in convexity, any size, each	\$5.67	20 PER MO.	
A4375	N			Ostomy pouch, drainable, with faceplate attached, plasti			
A4375		NO	NO	Ostomy pouch, drainable, with faceplate attached, plastic, each	\$13.24	2 TOTAL PER MO. A4375-A4378	
A4376	N			Ostomy pouch, drainable, with faceplate attached, rubbe			
A4376		NO	NO	Ostomy pouch, drainable, with faceplate attached, rubber, each	\$35.07	2 TOTAL PER MO. A4375-A4378	
A4377	N			Ostomy pouch, drainable, for use on faceplate, plastic,ea			
A4377		NO	NO	Ostomy pouch, drainable, for use on faceplate, plastic,each	\$4.13	2 TOTAL PER MO. A4375-A4378	
A4378	N			Ostomy pouch, drainable, for use on faceplate, rubber, e			
A4378		NO	NO	Ostomy pouch, drainable, for use on faceplate, rubber, each	\$25.20	2 TOTAL PER MO. A4375-A4378	

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
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A4379	N			Ostomy pouch, urinary, with faceplate attached, plastic,			
A4379		NO	NO	Ostomy pouch, urinary, with faceplate attached, plastic, each	\$11.98	2 TOTAL PER MO. A4379-A4383	
A4380	N			Ostomy pouch, urinary, with faceplate attached, rubber,			
A4380		NO	NO	Ostomy pouch, urinary, with faceplate attached, rubber, each	\$26.99	2 TOTAL PER MO. A4379-A4383	
A4381	N			Ostomy pouch, urinary, without faceplate attached, rubb			
A4381		NO	NO	Ostomy pouch, urinary, without faceplate attached, rubber, each	\$4.45	2 TOTAL PER MO. A4379-A4383	
A4382	N			Ostomy pouch, urinary, for use on faceplate, heavy plast			
A4382		NO	NO	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	\$12.11	2 TOTAL PER MO. A4379-A4383	
A4383	N			Ostomy pouch, urinary, for use on faceplate, rubber, eac			
A4383		NO	NO	Ostomy pouch, urinary, for use on faceplate, rubber, each	\$23.18	2 TOTAL PER MO. A4379-A4383	
A4384	N			Ostomy faceplate equivalent, silicone ring, each			
A4384		NO	NO	Ostomy faceplate equivalent, silicone ring, each	\$5.67	6 PER MO.	
A4385	N			Ostomy skin barrier, solid 4x4 or equivalent, extended w			
A4385		NO	NO	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	\$4.91	6 PER MO.	
A4387	N			Ostomy pouch closed, with standard wear barrier attach			
A4387		NO	NO	Ostomy pouch closed, with standard wear barrier attached, with built-in convexity (1 piece), each	\$3.87	35 PER MO.	
A4388	N			Ostomy pouch, drainable, with extended wear barrier att			
A4388		NO	NO	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece)	\$4.21	6 PER MO.	
A4389	N			Ostomy pouch, drainable with standard wear barrier atta			
A4389		NO	NO	Ostomy pouch, drainable with standard wear barrier attached, with built-in convexity (1 piece), each	\$5.44	20 PER MO.	
A4390	N			Ostomy pouch, drainable, with extended wear barrier att			
A4390		NO	NO	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.97	6 PER MO.	
A4391	N			Ostomy pouch, urinary, with extended wear barrier attac			
A4391		NO	NO	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each	\$6.81	6 PER MO.	
A4392	N			Ostomy pouch, urinary, with standard wear barrier attac			
A4392		NO	NO	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	\$6.41	6 PER MO.	
A4393	N			Ostomy pouch, urinary, with extended wear barrier attac			
A4393		NO	NO	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.24	6 PER MO.	
A4394	N			Ostomy deodorant for use in ostomy pouch, liquid, per fl			

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4394		NO	NO	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.72	16 PER MO.	
A4395	N			Ostomy deodorant for use in ostomy pouch, solid, per ta			
A4395		NO	NO	Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100 PER MO.	
A4397	N			Irrigation supply; sleeve, each			
A4397		NO	NO	Irrigation supply; sleeve, each	\$4.62	4 PER MO.	
A4398	N			Ostomy irrigation supply; bag, each			
A4398		NO	NO	Ostomy irrigation supply; bag, each	\$13.31	2 PER MO.	
A4399	N			Ostomy irrigation supply; cone/catheter, including brush			
A4399		NO	NO	Ostomy irrigation supply; cone/catheter, including brush	\$11.83	1 PER MO.	
A4402	N			Lubricant per ounce			
A4402		YES	YES	Lubricant per ounce	\$0.38	12 PER MO.	
A4404	N			Ostomy ring, each			
A4404		NO	NO	Ostomy ring, each	\$1.93	20 PER MO.	C
A4455	N			Adhesive remover or solvent (for tape, cement or other a			
A4455		NO	YES	Adhesive remover or solvent (for tape, cement or other adhesive) per ounce	\$0.90	8 PER MO.	
A4460	N			Elastic bandage, per roll (e.g. compression bandage)			
A4460		YES	NO	Elastic bandage, per roll (e.g. compression bandage)	\$3.25	4 PER MO.	C
A4465	N			Non-elastic binder for extremity			
A4465		YES	NO	Non-elastic binder for extremity	\$13.49	2 PER MO.	C
A4483	N			Moisture exchanger,disposable, for use with invasive me			
A4483		YES	NO	Moisture exchanger,disposable, for use with invasive mechanical ventilation	\$4.61	60 PER MO.	C
A4550	N			Surgical trays			
A4550		YES	NO	Surgical trays	\$7.18	12 PER MO.	C
A4554	N			Disposable underpads, all sizes, (e.g., chux's)			
A4554		YES	YES	Disposable underpads, all sizes, (e.g., chux's)	\$0.35	200 PER MO.	C
A4557	N			Lead wires, (e.g., apnea monitor) per pair			
A4557		YES	NO	Lead wires, (e.g., apnea monitor) per pair	\$16.37	2 PER 3 MO.	
A4558	N			Conductive paste or gel			
A4558		YES	NO	Conductive paste or gel	\$5.57	1 PER MO.	N
A4561	N			Pessary, rubber, any type			
A4561		NO	NO	Pessary, rubber, any type	\$15.28	1 PER 3 MO.	
A4562	N			Pessary, non rubber, any type			
A4562		NO	NO	Pessary, non rubber, any type	\$17.10	1 PER 3 MO.	
A4580	N			Cast supplies - Requires Prior Authorization			
A4580		YES	NO	Cast supplies - Requires Prior Authorization	\$0.00		C
A4595	N			Tens supplies, 2 lead, per month			
A4595		YES	NO	Tens supplies, 2 lead, per month	\$2.51	15 PER MO.	C

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

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16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4608	N			Transtracheal oxygen catheter, each			
A4608		YES	NO	Transtracheal oxygen catheter, each	\$115.18	2 PER 3 MO.	
A4614	N			Peak expiratory flow rate meter, hand held			
A4614		YES	NO	Peak expiratory flow rate meter, hand held	\$17.61	1 PER 3 MO.	N
A4615	N			Cannula nasal			
A4615		YES	NO	Cannula nasal	\$2.54	6 PER MO.	
A4616	N			Tubing, (oxygen), per foot			
A4616		YES	NO	Tubing, (oxygen), per foot	\$0.08	60 FEET PER MO.	
A4617	N			Mouth piece			
A4617		YES	NO	Mouth piece	\$2.75	2 PER MO.	C
A4618	N			Breathing circuits			
A4618		YES	NO	Breathing circuits	\$7.72	15 PER MO.	C
A4619	N			Face tent			
A4619		YES	NO	Face tent	\$6.49	4 PER MO.	
A4620	N			Variable concentration mask			
A4620		YES	NO	Variable concentration mask	\$2.49	4 PER MO.	
A4621	N			Tracheostomy mask or collar			
A4621		YES	NO	Tracheostomy mask or collar	\$1.40	20 PER MO.	C
A4622	N			Tracheostomy or laryngectomy tube			
A4622		YES	NO	Tracheostomy or laryngectomy tube	\$60.16	1 PER MO.	C
A4623	N			Tracheostomy, inner cannula (replacement only)			
A4623		YES	NO	Tracheostomy, inner cannula (replacement only)	\$5.92	35 PER MO.	
A4624	N			Tracheal suction catheter, any type, each			
A4624		YES	NO	Tracheal suction catheter, any type, each	\$1.15	300 PER MO.	C
A4625	N			Tracheostomy care kit for new tracheostomy			
A4625		YES	NO	Tracheostomy care kit for new tracheostomy	\$5.18	15 PER YEAR	C
A4626	N			Tracheostomy cleaning brush, each			
A4626		YES	NO	Tracheostomy cleaning brush, each	\$2.69	2 PER MO.	
A4627	N			Spacer, bag or reservoir, with or without mask, for use m			
A4627		NO	NO	Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$15.59	1 PER 3 MO.	C
A4628	N			Oropharyngeal suction catheter, each			
A4628		YES	NO	Oropharyngeal suction catheter, each	\$2.84	8 PER MO.	
A4629	N			Tracheostomy care kit for established tracheostomy			
A4629		YES	NO	Tracheostomy care kit for established tracheostomy	\$3.97	100 PER MO.	
A4649	N			Surgical supply; misc - Requires Prior Authorization			
A4649		YES	NO	Surgical supply; misc - Requires Prior Authorization	\$0.00		C
A4860	N			Disposable catheter caps			
A4860		YES	NO	Disposable catheter caps	\$0.59	4 PER MO.	

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

08/01/02

16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
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A4927	N			Gloves, non-sterile, per 100			
A4927		YES	YES	Gloves, non-sterile, per 100	\$7.50	2 PER MO.	C
A4927	22	YES	NO	Gloves, sterile per pair	\$0.50	90 PAIR PER MO.	N
A5051	N			Pouch, closed; with barrier attached (1 piece)			
A5051		NO	NO	Pouch, closed; with barrier attached (1 piece)	\$1.81	35 TOTAL PER MO. A5051-A5054	
A5052	N			Pouch, closed; without barrier attached (1 piece)			
A5052		NO	NO	Pouch, closed; without barrier attached (1 piece)	\$1.31	35 TOTAL PER MO. A5051-A5054	
A5053	N			Pouch, closed; for use on faceplate			
A5053		NO	NO	Pouch, closed; for use on faceplate	\$1.43	35 TOTAL PER MO. A5051-A5054	
A5054	N			Pouch, closed; for use on barrier with flange (2 piece)			
A5054		NO	NO	Pouch, closed; for use on barrier with flange (2 piece)	\$1.51	35 TOTAL PER MO. A5051-A5054	
A5055	N			Stoma cap			
A5055		NO	NO	Stoma cap	\$1.80	4 PER MO.	
A5062	N			Pouch, drainable; without barrier attached (1 piece)			
A5062		NO	NO	Pouch, drainable; without barrier attached (1 piece)	\$2.14	20 TOTAL PER MO. A5062-A5063	C
A5063	N			Pouch, drainable; for use on barrier with flange (2 piece)			
A5063		NO	NO	Pouch, drainable; for use on barrier with flange (2 piece)	\$2.15	20 TOTAL PER MO. A5062-A5063	C
A5071	N			Pouch, urinary; with barrier attached (1 piece)			
A5071		NO	NO	Pouch, urinary; with barrier attached (1 piece)	\$4.20	20 TOTAL PER MO. A5071-A5073	
A5072	N			Pouch, urinary; without barrier attached (1 piece)			
A5072		NO	NO	Pouch, urinary; without barrier attached (1 piece)	\$3.47	20 TOTAL PER MO. A5071-A5073	
A5073	N			Pouch, urinary; for use on barrier with flange (2 piece)			
A5073		NO	NO	Pouch, urinary; for use on barrier with flange (2 piece)	\$3.07	20 TOTAL PER MO. A5071-A5073	
A5081	N			Continent device; plug for continent stoma			
A5081		YES	NO	Continent device; plug for continent stoma	\$3.04	4 PER MO.	
A5082	N			Continent device; catheter for continent stoma			
A5082		YES	NO	Continent device; catheter for continent stoma	\$10.59	1 PER MO.	
A5093	N			Ostomy accessory; convex insert			
A5093		NO	NO	Ostomy accessory; convex insert	\$1.79	10 PER MO.	

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A5102	N			Bedside drainage bottle with or w/o tubing, rigid or expa			
A5102		YES	NO	Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$21.77	1 PER MO.	
A5105	N			Urinary suspensory; with leg bag, with or without tube			
A5105		YES	NO	Urinary suspensory; with leg bag, with or without tube	\$39.31	1 PER MO.	
A5112	N			Urinary leg bag; latex			
A5112		YES	NO	Urinary leg bag; latex	\$27.66	1 PER MO.	
A5113	N			Leg strap; latex, replacement only, per set			
A5113		YES	NO	Leg strap; latex, replacement only, per set	\$0.78	2 PER MO.	
A5114	N			Leg strap; foam or fabric, replacement only, per set			
A5114		YES	NO	Leg strap; foam or fabric, replacement only, per set	\$4.73	2 PER MO.	
A5119	N			Skin barrier; wipes, box per 50 (ostomy use only)			
A5119		NO	NO	Skin barrier; wipes, box per 50 (ostomy use only)	\$9.52	1 PER MO.	
A5121	N			Skin barrier; solid, 6 x 6 or equivalent, each			
A5121		NO	NO	Skin barrier; solid, 6 x 6 or equivalent, each	\$5.94	15 PER MO.	
A5122	N			Skin barrier; solid, 8 x 8 or equivalent, each			
A5122		NO	NO	Skin barrier; solid, 8 x 8 or equivalent, each	\$11.08	8 PER MO.	
A5126	N			Adhesive, or non-adhesive, disk or foam pad			
A5126		NO	NO	Adhesive, or non-adhesive, disk or foam pad	\$1.15	20 PER MO.	C
A5131	N			Appliance cleaner, incontinence and ostomy appliances,			
A5131		NO	NO	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.82	1 PER MO.	
A6010	N			Collagen based wound filler, dry form, per gram of colla			
A6010		YES	NO	Collagen based wound filler, dry form, per gram of collagen.	\$4.26	35 PER MO.	N
A6196	N			Alginate or other fiber gelling dressing, wound cover, pa			
A6196		YES	NO	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$7.09	60 PER MO.	C
A6197	N			Alginate or other fiber gelling dressing, wound cover, pa			
A6197		YES	NO	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	\$15.42	35 PER MO.	C
A6198	N			Alginate or other fiber gelling dressing, wound cover, pa			
A6198		YES	NO	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	\$112.34	1 PER MO.	C
A6199	N			Alginate or other fiber gelling dressing, wound filler, per			
A6199		YES	NO	Alginate or other fiber gelling dressing, wound filler, per 6 inches	\$4.38	35 PER MO.	C
A6200	N			Composite dressing, pad size 16 sq.in. or less without a			
A6200		YES	NO	Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing	\$1.59	35 PER MO.	
A6201	N			Composite dressing, pad size more than 16 sq.in. but les			
A6201		YES	NO	Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing	\$2.77	35 PER MO.	

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6202	N			Composite dressing, pad size more than 48 sq. in. witho			
A6202		YES	NO	Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing	\$4.06	35 PER MO.	
A6203	N			Composite dressing, pad size 16 sq. in. or less with any			
A6203		YES	NO	Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$1.59	35 PER MO.	
A6204	N			Composite dressing, pad size more than 16 sq.in. but les			
A6204		YES	NO	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	\$2.77	35 PER MO.	
A6205	N			Composite dressing, pad size more than 48 sq. in. with a			
A6205		YES	NO	Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$4.57	35 PER MO.	
A6206	N			Contact layer, 16 sq in., or less, each dressing			
A6206		YES	NO	Contact layer, 16 sq in., or less, each dressing	\$0.97	35 PER MO.	
A6207	N			Contact layer, more than 16 sq.in. but less than or equal			
A6207		YES	NO	Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing	\$1.68	35 PER MO.	
A6208	N			Contact layer, more than 48 sq. in., each dressing			
A6208		YES	NO	Contact layer, more than 48 sq. in., each dressing	\$3.41	35 PER MO.	
A6209	N			Foam dressing, wound cover pad size 16 sq. in., or less,			
A6209		YES	NO	Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing	\$5.33	35 PER MO.	
A6210	N			Foam dressing, wound cover, pad size more than 16 sq.			
A6210		YES	NO	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	\$10.36	35 PER MO.	
A6211	N			Foam dressing, wound cover, pad size more than 48 sq.			
A6211		YES	NO	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$25.99	12 PER MO.	
A6212	N			Foam dressing, wound cover, pad size 16 sq. in. or less,			
A6212		YES	NO	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.61	35 PER MO.	
A6213	N			Foam dressing, wound cover, pad size more than 16 sq.			
A6213		YES	NO	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	\$10.38	35 PER MO.	
A6214	N			Foam dressing, wound cover, pad size more than 48 sq.			
A6214		YES	NO	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$9.93	12 PER MO.	
A6215	N			Foam dressing, wound filler, per gram			
A6215		YES	NO	Foam dressing, wound filler, per gram	\$2.32	35 PER MO.	
A6216	N			Gauze, non-impregnated non-sterile, pad size 16 sq. in. o			
A6216		YES	NO	Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing	\$0.07	400 PER MO.	
A6217	N			Gauze, non-impregnated non-sterile, pad size more than			

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CODES BILLABLE ON THE HCFA 1500

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16-Jul-02

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6217		YES	NO	Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.35	400 PER MO.	
A6218	N			Gauze, non-impregnated non-sterile, pad size more than			
A6218		YES	NO	Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.59	200 PER MO.	
A6219	N			Gauze, non-impregnated, pad size 16 sq. in. or less with			
A6219		YES	NO	Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$0.27	200 PER MO.	
A6220	N			Gauze, non-impregnated, pad size more than 16 sq. in. b			
A6220		YES	NO	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	\$0.66	100 PER MO.	
A6221	N			Gauze, non-impregnated, pad size more than 48 sq. in. w			
A6221		YES	NO	Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$1.09	60 PER MO.	
A6222	N			Gauze, impregnated with other than water, normal saline			
A6222		YES	NO	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.	
A6223	N			Gauze, impregnated with other than water, normal saline			
A6223		YES	NO	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	\$2.33	60 PER MO.	
A6224	N			Gauze, impregnated with other than water or normal sali			
A6224		YES	NO	Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	\$2.54	60 PER MO.	
A6228	N			Gauze, impregnated, water or normal saline, pad size 16			
A6228		YES	NO	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.58	60 PER MO.	
A6229	N			Gauze, impregnated, water or normal saline, pad size mo			
A6229		YES	NO	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	\$1.41	60 PER MO.	
A6230	N			Gauze, impregnated, water or normal saline, pad size mo			
A6230		YES	NO	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.00	60 PER MO.	
A6234	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in.			
A6234		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.54	35 PER MO.	
A6235	N			Hydrocolloid dressing, wound cover, pad size more than			
A6235		YES	NO	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	\$10.64	12 PER MO.	C
A6236	N			Hydrocolloid dressing, wound cover, pad size more than			
A6236		YES	NO	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$19.55	12 PER MO.	
A6237	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in.			

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6237		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$4.48	35 PER MO.	
A6238	N			Hydrocolloid dressing, wound cover, pad size more than			
A6238		YES	NO	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	\$16.94	12 PER MO.	C
A6239	N			Hydrocolloid dressing, wound cover, pad size more than			
A6239		YES	NO	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$18.23	12 PER MO.	
A6240	N			Hydrocolloid dressing, wound filler, paste, per fluid ounce			
A6240		YES	NO	Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$7.95	12 PER MO.	
A6241	N			Hydrocolloid dressing, wound filler, dry form, per gram			
A6241		YES	NO	Hydrocolloid dressing, wound filler, dry form, per gram	\$1.50	12 PER MO.	
A6242	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or le			
A6242		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.75	35 PER MO.	
A6243	N			Hydrogel dressing, wound cover, pad size more than 16			
A6243		YES	NO	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	\$8.97	12 PER MO.	C
A6244	N			Hydrogel dressing, wound cover, pad size more than 48			
A6244		YES	NO	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$17.68	12 PER MO.	
A6245	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or le			
A6245		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.49	35 PER MO.	
A6246	N			Hydrogel dressing, wound cover, pad size more than 16			
A6246		YES	NO	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	\$9.56	12 PER MO.	
A6247	N			Hydrogel dressing, wound cover, pad size more than 48			
A6247		YES	NO	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$21.22	12 PER MO.	
A6248	N			Hydrogel dressing, wound filler, gel, per fluid ounce			
A6248		YES	NO	Hydrogel dressing, wound filler, gel, per fluid ounce	\$12.72	6 PER MO.	
A6251	N			Specialty absorptive dressing, wound cover, pad size 16			
A6251		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$1.44	35 PER MO.	C
A6252	N			Specialty absorptive dressing, wound cover, pad size m			
A6252		YES	NO	Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.52	35 PER MO.	C
A6253	N			Specialty absorptive dressing, wound cover, pad size m			
A6253		YES	NO	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.52	35 PER MO.	C
A6254	N			Specialty absorptive dressing, wound cover, pad size 16			

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6254		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing	\$1.10	35 PER MO.	C
A6255	N			Specialty absorptive dressing, wound cover, pad size m			
A6255		YES	NO	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	\$1.59	35 PER MO.	C
A6256	N			Specialty absorptive dressing, wound cover, pad size m			
A6256		YES	NO	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$2.11	35 PER MO.	C
A6257	N			Transparent film, 16 sq. in. or less, each dressing			
A6257		YES	NO	Transparent film, 16 sq. in. or less, each dressing	\$0.60	60 PER MO.	
A6258	N			Transparent film, more than 16 sq.in. but less than or eq			
A6258		YES	NO	Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing	\$2.78	35 PER MO.	
A6259	N			Transparent film, more than 48 sq. in. each dressing			
A6259		YES	NO	Transparent film, more than 48 sq. in. each dressing	\$5.23	12 PER MO.	C
A6261	N			Wound filler, gel/paste, per fluid ounce, not elsewhere cl			
A6261		YES	NO	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	\$0.19	35 PER MO.	
A6262	N			Wound filler, dry form, per gram, not elsewhere classifie			
A6262		YES	NO	Wound filler, dry form, per gram, not elsewhere classified	\$0.19	90 PER MO.	
A6263	N			Gauze, elastic, all types, per linear yard			
A6263		YES	NO	Gauze, elastic, all types, per linear yard	\$0.19	200 PER MO.	
A6264	N			Gauze, non-elastic, per linear yard			
A6264		YES	NO	Gauze, non-elastic, per linear yard	\$0.25	200 PER MO.	
A6266	N			Gauze, impregnated, other than water or normal saline, a			
A6266		YES	NO	Gauze, impregnated, other than water or normal saline, any width per linear yard	\$1.27	35 PER MO.	
A6402	N			Gauze, non-impregnated, sterile, pad size 16 sq. in or les			
A6402		YES	NO	Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing	\$0.14	200 PER MO.	N
A7000	N			Canister, disposable, used with suction pump, each			
A7000		YES	NO	Canister, disposable, used with suction pump, each	\$6.46	2 PER MO.	
A7001	N			Canister, non-disposable, used with suction pump, each			
A7001		YES	NO	Canister, non-disposable, used with suction pump, each	\$21.53	1 PER 3 MO.	
A7002	N			Tubing, used with suction pump, each			
A7002		YES	NO	Tubing, used with suction pump, each	\$3.32	6 PER MO.	
A7003	N			Administration set, with small volume non-filtered pneu			
A7003		YES	NO	Administration set, with small volume non-filtered pneumatic nebulizer, disposable	\$2.07	35 PER MO.	
A7004	N			Small volume nonfiltered pneumatic nebulizer, disposabl			
A7004		YES	NO	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.57	35 PER MO.	

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A7005	N			Administration set, with small volume nonfiltered pneum			
A7005		YES	NO	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$22.29	2 PER 3 MO.	
A7006	N			Adminstration set, with small volume filtered pneumatic			
A7006		YES	NO	Adminstration set, with small volume filtered pneumatic nebulizer	\$9.20	1 PER MO.	
A7007	N			Large volume nebulizer, disposable, unfilled, used with			
A7007		YES	NO	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$4.02	6 PER MO.	
A7008	N			Large volume nebulizer, disposable, prefilled, used with			
A7008		YES	NO	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$4.23	6 PER MO.	
A7009	N			Reservoir bottle, non-disposable, used with large volum			
A7009		YES	NO	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$30.40	2 PER 3 MO.	
A7010	N			Corrugated tubing, disposable, used with large volume n			
A7010		YES	NO	Corrugated tubing, disposable, used with large volume nebulizer 100 feet.	\$15.94	2 PER MO.	
A7011	N			Corrugated tubing, non-disposable, used with large volu			
A7011		YES	NO	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	\$10.23	1 PER MO.	
A7012	N			Water collection device, used with large volume nebulize			
A7012		YES	NO	Water collection device, used with large volume nebulizer	\$2.80	20 PER MO.	
A7013	N			Filter, disposable, used with aerosol compressor			
A7013		YES	NO	Filter, disposable, used with aerosol compressor	\$0.72	8 PER MO.	
A7014	N			Filter, non-disposable, used with aerosol compressor or			
A7014		YES	NO	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.30	1 PER MO.	
A7015	N			Aerosol mask, used with DME nebulizer			
A7015		YES	NO	Aerosol mask, used with DME nebulizer	\$1.49	4 PER MO.	
A7016	N			Dome and mouthpiece, used with small volume ultrasoni			
A7016		YES	NO	Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$4.71	4 PER MO.	
A7018	N			Water, distilled, used with large volume nebulizer, 1000			
A7018		YES	NO	Water, distilled, used with large volume nebulizer, 1000ml.	\$3.33	12 PER MO.	
A7019	N			Saline solution, per 10ml, metered dose dispenser, for u			
A7019		NO	NO	Saline solution, per 10ml, metered dose dispenser, for use with inhalation drugs	\$0.36	200 PER MO.	
A7020	N			Sterile water or sterile saline, 1000ml used with large vol			
A7020		YES	NO	Sterile water or sterile saline, 1000ml used with large volume nebulizer	\$3.53	35 PER MO.	
B4035	N			Enteral feeding supply kit; pump fed			
B4035		YES	NO	Enteral feeding supply kit; pump fed	\$6.12	35 TOTAL PER MO. B4035-B4036	C
B4036	N			Enteral feeding supply kit; gravity fed, per day			

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
B4036		YES	NO	Enteral feeding supply kit; gravity fed, per day	\$5.02	35 TOTAL PER MO. B4035-B4036	N
B4081	N			Nasogastric tubing with stylet			
B4081		YES	NO	Nasogastric tubing with stylet	\$11.61	10 PER MO.	C
B4082	N			Nasogastric tubing without stylet			
B4082		YES	NO	Nasogastric tubing without stylet	\$11.35	10 PER MO.	C
B4083	N			Stomach tube-levine type			
B4083		YES	NO	Stomach tube-levine type	\$2.43	4 PER MO.	C
B4086	N			Gastrostomy/Jejunostomy tube, any material, any type, (
B4086		YES	NO	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	\$37.26	2 PER MO.	N
B4086	22	YES	NO	Feeding tube extension set	\$10.16	10 PER MO.	N
K0183	N			Nasal application device used with positive airway press			
K0183		YES	NO	Nasal application device used with positive airway pressure device	\$67.30	1 PER 3 MO.	
K0184	N			Nasal pillows/seals, replacement for nasal application de			
K0184		YES	NO	Nasal pillows/seals, replacement for nasal application device, pair	\$21.61	1 PER 3 MO.	
K0185	N			Headgear, used with positive airway pressure device			
K0185		YES	NO	Headgear, used with positive airway pressure device	\$34.90	1 PER 3 MO.	
K0186	N			Chin strap used with positive airway pressure device			
K0186		YES	NO	Chin strap used with positive airway pressure device	\$13.61	1 PER 3 MO.	
K0187	N			Tubing used with positive airway pressure device.			
K0187		YES	NO	Tubing used with positive airway pressure device.	\$22.89	2 PER 3 MO.	C
K0188	N			Filter, disposable, used with positive airway pressure de			
K0188		YES	NO	Filter, disposable, used with positive airway pressure device	\$4.01	2 PER MO.	C
K0189	N			Filter, non-disposable, used with positive airway pressur			
K0189		YES	NO	Filter, non-disposable, used with positive airway pressure device	\$9.48	1 PER 3 MO.	C
K0561	N			Ostomy skin barrier, non-pectin based, paste, per ounce			
K0561		NO	NO	Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. K0561-K0562	N
K0562	N			Ostomy skin barrier, pectin-based, paste, per ounce			
K0562		NO	NO	Ostomy skin barrier, pectin-based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. K0561-K0562	N
K0563	N			Ostomy skin barrier, with flange (solid, flexible, or accor			
K0563		NO	NO	Ostomy skin barrier, with flange (solid, flexible, or accordian), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	\$7.09	6 TOTAL PER MO. K0563-K0564	N
K0564	N			Ostomy skin barrier, with flange (solid, flexible, or accor			
K0564		NO	NO	Ostomy skin barrier, with flange (solid, flexible, or accordian), extended wear, with built-in convexity, larger than 4 x 4 inches, each	\$8.35	6 TOTAL PER MO. K0563-K0564	N

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K0565	N			Ostomy skin barrier, with flange (solid, flexible, or accor			
K0565		NO	NO	Ostomy skin barrier, with flange (solid, flexible, or accordian), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	\$6.41	6 TOTAL PER MO. K0565-K0566	N
K0566	N			Ostomy skin barrier, with flange (solid, flexible, or accor			
K0566		NO	NO	Ostomy skin barrier, with flange (solid, flexible, or accordian), extended wear, without built-in convexity, larger than 4 x 4 inches, each	\$7.61	6 TOTAL PER MO. K0565-K0566	N
K0567	N			Ostomy pouch, drainable, with karaya based barrier atta			
K0567		NO	NO	Ostomy pouch, drainable, with karaya based barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. K0567-K0568	N
K0568	N			Ostomy pouch, drainable, with standard wear barrier atta			
K0568		NO	NO	Ostomy pouch, drainable, with standard wear barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. K0567-K0568	N
K0570	N			Ostomy skin barrier, with flange (solid, flexible or accord			
K0570		NO	NO	Ostomy skin barrier, with flange (solid, flexible or accordian), without built-in convexity, 4 x 4 inches or smaller, each	\$4.18	20 TOTAL PER MO. K0570-K0571	N
K0571	N			Ostomy skin barrier, with flange (solid, flexible or accord			
K0571		NO	NO	Ostomy skin barrier, with flange (solid, flexible or accordian), without built-in convexity, larger than 4 x 4 inches, each	\$4.77	20 TOTAL PER MO. K0570-K0571	N
K0572	N			Tape, non-waterproof, per 18 square inches			
K0572		NO	NO	Tape, non-waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. K0572-K0573	N
K0573	N			Tape, waterproof, per 18 square inches			
K0573		NO	NO	Tape, waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. K0572-K0573	N
K0574	N			Addition to ostomy pouch, filter, integral or added separ			
K0574		NO	NO	Addition to ostomy pouch, filter, integral or added separately to pouch, each	\$0.26	4 PER MO.	N
S1015	N			IV tubing extension set			
S1015		NO	NO	IV tubing extension set	\$3.33	35 PER MO.	
S8101	N			Holding chamber or spacer for use with an inhaler or ne			
S8101		NO	NO	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$29.00	1 PER 3 MO.	N
S8181	N			Tracheostomy tube holder			
S8181		YES	NO	Tracheostomy tube holder	\$3.06	35 PER MO.	N
S8185	N			Flutter device			
S8185		YES	NO	Flutter device	\$42.48	1 PER 6 MO.	N
S8186	N			Swivel adaptor			
S8186		YES	NO	Swivel adaptor	\$1.97	20 PER MO.	N
S8400	N			Incontinence pants, each			
S8400		YES	NO	Incontinence pants, each	\$10.02	2 PER MO.	N

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S8490	N			Insulin syringes (100 syringes, any size)			
S8490		YES	NO	Insulin syringes (100 syringes, any size)	\$0.22	100 PER MO.	N
W1226	N			Container Disposable 1 gal			
W1226		YES	NO	Container Disposable 1 gal	\$4.69	2 PER MO.	C
W1227	N			Container Disposable 1 qt.			
W1227		YES	NO	Container Disposable 1 qt.	\$3.03	2 PER MO.	C
W1228	N			Container Disposable 2 qt.			
W1228		YES	NO	Container Disposable 2 qt.	\$4.10	2 PER MO.	C
W1229	N			Container Disposable 2 gal			
W1229		YES	NO	Container Disposable 2 gal	\$6.49	1 PER MO.	
W1230	N			Container Disposable 8 gal			
W1230		YES	NO	Container Disposable 8 gal	\$16.95	1 PER MO.	C
W1231	N			Insulin Disposable Adaptors			
W1231		YES	NO	Insulin Disposable Adaptors	\$2.88	1 PER MO.	C
W1232	N			IV Adapter with injection sites			
W1232		NO	NO	IV Adapter with injection sites	\$5.85	20 PER MO.	C
W1233	N			IV Administration Drug Reservoir Bag			
W1233		NO	NO	IV Administration Drug Reservoir Bag	\$8.18	20 PER MO.	C
W1234	N			IV Administration Reservoir Cassette 100 ML			
W1234		NO	NO	IV Administration Reservoir Cassette 100 ML	\$21.16	35 PER MO.	
W1235	N			IV Administration Reservoir Cassette 50 ML			
W1235		NO	NO	IV Administration Reservoir Cassette 50 ML	\$15.67	35 PER MO.	C
W1236	N			IV Administration Reservoir Remote Adaptor			
W1236		NO	NO	IV Administration Reservoir Remote Adaptor	\$28.00	35 PER MO.	C
W1237	N			IV Administration Reservoir Bag with tube			
W1237		NO	NO	IV Administration Reservoir Bag with tube	\$12.33	35 PER MO.	C
W1238	N			IV Administration Set (PCA)			
W1238		NO	NO	IV Administration Set (PCA)	\$23.00	20 PER MO.	C
W1239	N			IV Administration Set (Pump Set)			
W1239		NO	NO	IV Administration Set (Pump Set)	\$10.45	20 PER MO.	C
W1240	N			IV Administration Set (Secondary)			
W1240		NO	NO	IV Administration Set (Secondary)	\$3.75	20 PER MO.	C
W1241	N			IV Administration Set Connector Loop			
W1241		NO	NO	IV Administration Set Connector Loop	\$1.35	12 PER MO.	
W1244	N			IV Administration Set Low volume priming with filter			
W1244		NO	NO	IV Administration Set Low volume priming with filter	\$23.05	20 PER MO.	C
W1245	N			IV Administration Set Low volume priming-Ambulatory			
W1245		NO	NO	IV Administration Set Low volume priming-Ambulatory	\$15.05	20 PER MO.	C
W1246	N			IV Administration Set with filter			
W1246		NO	NO	IV Administration Set with filter	\$14.35	20 PER MO.	C

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W1247	N			IV Administration Set Y-Type			
W1247		NO	NO	IV Administration Set Y-Type	\$8.18	20 PER MO.	C
W1249	N			IV Administration Y-Connector			
W1249		NO	NO	IV Administration Y-Connector	\$6.42	20 PER MO.	C
W1250	N			IV Administration Y-Type Access Pin/Valve			
W1250		NO	NO	IV Administration Y-Type Access Pin/Valve	\$2.84	12 PER MO.	
W1251	N			IV Administration Set Hypodemoclysis			
W1251		NO	NO	IV Administration Set Hypodemoclysis	\$6.66	20 PER MO.	C
W1252	N			IV Administration Set Microdrip			
W1252		NO	NO	IV Administration Set Microdrip	\$4.50	20 PER MO.	C
W1254	N			IV Administration Set-Piggyback			
W1254		NO	NO	IV Administration Set-Piggyback	\$8.24	20 PER MO.	C
W1255	N			IV Administration Kit With Tube			
W1255		NO	NO	IV Administration Kit With Tube	\$4.50	20 PER MO.	C
W1256	N			IV Butterfly Intermittent			
W1256		NO	NO	IV Butterfly Intermittent	\$2.76	10 PER MO.	
W1257	N			IV Button Infuser			
W1257		NO	NO	IV Button Infuser	\$2.55	12 PER MO.	
W1258	N			IV Cannula Blunt			
W1258		NO	NO	IV Cannula Blunt	\$0.44	100 PER MO.	
W1259	N			IV Cath Placement Unit			
W1259		NO	NO	IV Cath Placement Unit	\$29.18	12 PER MO.	C
W1260	N			IV Cath Plug			
W1260		NO	NO	IV Cath Plug	\$1.51	20 PER MO.	C
W1261	N			IV Catheter			
W1261		NO	NO	IV Catheter	\$4.50	20 PER MO.	C
W1262	N			IV Catheter Clamp			
W1262		NO	NO	IV Catheter Clamp	\$1.12	4 PER MO.	
W1263	N			IV Catheter Intro Needle			
W1263		NO	NO	IV Catheter Intro Needle	\$19.75	2 PER MO.	C
W1264	N			IV Catheter Midline			
W1264		NO	NO	IV Catheter Midline	\$49.12	2 PER MO.	C
W1265	N			IV Catheter Percutaneous Set-Up Tray PICC			
W1265		NO	NO	IV Catheter Percutaneous Set-Up Tray PICC	\$74.63	2 PER MO.	C
W1266	N			IV Catheter PICC Line			
W1266		NO	NO	IV Catheter PICC Line	\$62.84	2 PER MO.	C
W1267	N			IV Catheter White Replacement Connector			
W1267		NO	NO	IV Catheter White Replacement Connector	\$10.49	1 PER MO.	
W1268	N			IV Connector Female/Female			

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W1268		NO	NO	IV Connector Female/Female	\$0.97	35 PER MO.	
W1269	N			IV Dispensing Pin			
W1269		NO	NO	IV Dispensing Pin	\$2.09	35 PER MO.	
W1273	N			IV Filter			
W1273		NO	NO	IV Filter	\$0.66	12 PER MO.	
W1274	N			IV Filter Inline			
W1274		NO	NO	IV Filter Inline	\$1.79	12 PER MO.	
W1275	N			IV Filter Microdrip			
W1275		NO	NO	IV Filter Microdrip	\$2.32	12 PER MO.	
W1276	N			IV Fluid Dispense Connector			
W1276		NO	NO	IV Fluid Dispense Connector	\$0.95	35 PER MO.	
W1277	N			IV Infuser with Huber Needle			
W1277		NO	NO	IV Infuser with Huber Needle	\$5.24	12 PER MO.	
W1278	N			IV Infuser Device 0-60 Min			
W1278		NO	NO	IV Infuser Device 0-60 Min	\$11.23	35 PER MO.	
W1279	N			IV Infuser Device 1 Hour less than 24 Hour			
W1279		NO	NO	IV Infuser Device 1 Hour less than 24 Hour	\$23.20	35 PER MO.	
W1280	N			IV Infuser Device 24 Hour			
W1280		NO	NO	IV Infuser Device 24 Hour	\$38.95	12 PER MO.	
W1281	N			IV Infuser Device 24 Hour - 48 Hour			
W1281		NO	NO	IV Infuser Device 24 Hour - 48 Hour	\$67.40	12 PER MO.	
W1282	N			IV Infuser Device more than 48 Hour			
W1282		NO	NO	IV Infuser Device more than 48 Hour	\$96.87	4 PER MO.	
W1283	N			IV Infuser - Patient Control Module			
W1283		NO	NO	IV Infuser - Patient Control Module	\$20.69	12 PER MO.	
W1284	N			IV Injection Cap			
W1284		NO	NO	IV Injection Cap	\$1.89	35 PER MO.	
W1285	N			IV Injection Site (Vicra)			
W1285		NO	NO	IV Injection Site (Vicra)	\$2.64	12 PER MO.	
W1286	N			IV Lifeshield Connector			
W1286		NO	NO	IV Lifeshield Connector	\$3.00	35 PER MO.	
W1287	N			IV Luer Adapter			
W1287		NO	NO	IV Luer Adapter	\$0.35	70 PER MO.	
W1288	N			IV Needleless Cannula			
W1288		NO	NO	IV Needleless Cannula	\$0.49	300 PER MO.	
W1289	N			IV Needleless Inject Site			
W1289		NO	NO	IV Needleless Inject Site	\$1.86	70 PER MO.	
W1290	N			IV Needleless Leuer Lok			
W1290		NO	NO	IV Needleless Leuer Lok	\$0.87	70 PER MO.	

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WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

CODES BILLABLE ON THE HCFA 1500

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
W1291	N			IV Needleless System			
W1291		NO	NO	IV Needleless System	\$6.75	35 PER MO.	
W1292	N			IV Needleless Threaded Lok			
W1292		NO	NO	IV Needleless Threaded Lok	\$0.95	70 PER MO.	
W1293	N			IV Set with Connector Loop & Injection Site			
W1293		NO	NO	IV Set with Connector Loop & Injection Site	\$4.87	20 PER MO.	C
W1294	N			IV Site Cap Male Non-Vent			
W1294		NO	NO	IV Site Cap Male Non-Vent	\$0.29	70 PER MO.	
W1295	N			IV Site Cap Male/Female Conn			
W1295		NO	NO	IV Site Cap Male/Female Conn	\$0.43	70 PER MO.	
W1296	N			IV Start Kit (No Cath)			
W1296		NO	NO	IV Start Kit (No Cath)	\$2.33	12 PER MO.	C
W1297	N			IV Transfer Set			
W1297		NO	NO	IV Transfer Set	\$5.79	20 PER MO.	C
W1298	N			IV Transfer Set w/Needle			
W1298		NO	NO	IV Transfer Set w/Needle	\$8.31	12 PER MO.	C
W1299	N			IV Universal Catheter Accessory Port			
W1299		NO	NO	IV Universal Catheter Accessory Port	\$8.48	8 PER MO.	C
W1300	N			IV Valve Luer Tapered			
W1300		NO	NO	IV Valve Luer Tapered	\$2.09	12 PER MO.	
W1301	N			IV Vial Adapter			
W1301		NO	NO	IV Vial Adapter	\$2.17	90 PER MO.	
W1302	N			Male/Female Luerlock Cap			
W1302		YES	NO	Male/Female Luerlock Cap	\$0.36	100 PER MO.	
W1303	N			Needle (Huber)			
W1303		NO	NO	Needle (Huber)	\$3.00	12 PER MO.	
W1304	N			Needle (Huber) 6"			
W1304		NO	NO	Needle (Huber) 6"	\$5.24	12 PER MO.	
W1305	N			Needle (Huber) 7"			
W1305		NO	NO	Needle (Huber) 7"	\$4.07	12 PER MO.	
W1306	N			Needle Filter 1 1/2"			
W1306		NO	NO	Needle Filter 1 1/2"	\$0.54	12 PER MO.	
W1307	N			Needle, Catheter Straight Metal Hub			
W1307		NO	NO	Needle, Catheter Straight Metal Hub	\$4.50	4 PER MO.	
W1309	N			Needles Reusable			
W1309		YES	NO	Needles Reusable	\$1.41	12 PER MO.	
W1310	N			Insulin pen needle (each)			
W1310		YES	NO	Insulin pen needle (each)	\$0.24	100 PER MO.	C
W1312	N			Insulin pen			

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
W1312		YES	NO	Insulin pen	\$32.68	1 PER 3 MO.	C
W1313	N			Pen Pump Infuser Catheter Set			
W1313		NO	NO	Pen Pump Infuser Catheter Set	\$2.64	12 PER MO.	
W1314	N			Pen Pump Infuser Comb. Unit			
W1314		NO	NO	Pen Pump Infuser Comb. Unit	\$5.24	12 PER MO.	
W1322	N			Syringe 50 CC-60 CC Disp			
W1322		YES	NO	Syringe 50 CC-60 CC Disp	\$1.31	35 PER MO.	
W6400	N			Applicators			
W6400		YES	YES	Applicators	\$0.03	400 PER MO.	C
W6401	N			Skin level gastrostomy feeding tube kit (Requires Prior A			
W6401		YES	NO	Skin level gastrostomy feeding tube kit (Requires Prior Authorization) includes tube, 2 feeding sets, syringe, gauze	\$141.71	7 PER YR.	
W6403	N			Cotton balls per 100			
W6403		YES	YES	Cotton balls per 100	\$2.94	3 PER MO.	C
W6404	Y			Disposable diapers, each			
W6404		YES	NO	Disposable diapers, each	\$0.00	300 TOTAL PER MO.	
W6404	10	YES	NO	Disposable diapers, adult, small, each	\$0.51		
W6404	20	YES	NO	Disposable diapers, adult, medium, each	\$0.61		
W6404	30	YES	NO	Disposable diapers, adult, large, each	\$0.72		
W6404	40	YES	NO	Disposable diapers, childrens, under 30 pounds, each	\$0.32		
W6404	50	YES	NO	Disposable diapers, childrens, over 30 pounds, each	\$0.56		
W6405	N			Ear plugs, pair			
W6405		NO	NO	Ear plugs, pair	\$1.79	1 PER MO.	
W6406	N			Enema bags/drains/sets			
W6406		YES	NO	Enema bags/drains/sets	\$2.13	15 PER MO.	C
W6410	N			Disposable diaper liners, each			
W6410		YES	NO	Disposable diaper liners, each	\$0.04	300 PER MO.	
W6411	Y			Tracheotomy supplies			
W6411		YES	NO	Tracheotomy supplies	\$0.00		
W6411	20	YES	NO	Trach Plug	\$6.30	4 PER MO.	
W6411	40	YES	NO	Pre cut gauze trach dressing	\$0.27	200 PER MO.	C
W6411	70	YES	NO	Sterile water and reservoir	\$18.37	6 PER MO.	C
W6413	N			Ventilator bacteria filter			
W6413		YES	NO	Ventilator bacteria filter	\$2.43	1 PER MO.	C
W6499	N			Not otherwise classified - Disp Supplies - requires Prior			
W6499		NO	NO	Not otherwise classified - Disp Supplies - requires Prior Authorization	\$0.00		
W6911	N			Battery, hearing aid: Silver 675			
W6911		NO	NO	Battery, hearing aid: Silver 675	\$1.02	12 TOTAL PER MO. W6911-W6955	C

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W6912	N			Battery, hearing aid: Silver 13			
W6912		NO	NO	Battery, hearing aid: Silver 13	\$1.02	12 TOTAL PER MO. W6911- W6955	C
W6927	N			Battery, hearing aid: Silver 312			
W6927		NO	NO	Battery, hearing aid: Silver 312	\$1.02	12 TOTAL PER MO. W6911- W6955	C
W6940	N			Battery, hearing aid, Zinc Air 10			
W6940		NO	NO	Battery, hearing aid, Zinc Air 10	\$1.12	12 TOTAL PER MO. W6911- W6955	
W6941	N			Battery, hearing aid, Zinc Air 5			
W6941		NO	NO	Battery, hearing aid, Zinc Air 5	\$1.27	12 TOTAL PER MO. W6911- W6955	
W6943	N			Battery, hearing aid: Zinc-Air 13			
W6943		NO	NO	Battery, hearing aid: Zinc-Air 13	\$1.02	12 TOTAL PER MO. W6911- W6955	C
W6944	N			Battery, hearing aid: Zinc-Air 675			
W6944		NO	NO	Battery, hearing aid: Zinc-Air 675	\$1.02	12 TOTAL PER MO. W6911- W6955	C
W6955	N			Battery, hearing aid: Zinc-Air 312			
W6955		NO	NO	Battery, hearing aid: Zinc-Air 312	\$1.02	12 TOTAL PER MO. W6911- W6955	C