

---

# WISCONSIN MEDICAID UPDATE

---

JUNE 13, 1996

UPDATE 96-21

TO:

Blood Banks  
DME Vendors  
Home Health Agencies  
Nursing Homes  
Personal Care-Only  
Agencies  
Pharmacies

## Revised DMS Index

---

### Quantities allowed

#### DMS quantities allowed for reimbursement beginning August 1, 1996

In order to prevent excessive Medicaid Disposable Medical Supplies (DMS) utilization and establish controls on billing errors, effective August 1, 1996 limits will be placed on the amounts of supplies which can be used and reimbursed during a given time period. The attached DMS Index lists allowable quantities.

Allowed quantities were developed by reviewing Wisconsin Medicaid DMS utilization, the limits used by Medicare and other state Medicaid programs, and with input from the Wisconsin Association of Medical Equipment Services (WAMES). Limits were set at or above what was determined to be normal usage. However, exceptions may be allowed through prior authorization.

#### Determining allowable quantities

Quantities are limited in the following way:

- Allowed quantities are for an individual recipient. Except as indicated, allowed quantities are per month (dates of service within a 30-day period, *not* a calendar month).

Generally, each procedure code with or without a modifier has a limit. When an amount is followed by the word "total", the amount allowed is for all the items under that procedure code.

For example, for A4254 (replacement battery for a blood glucose monitor) a total of four batteries per month is allowed, irrespective of whether the batteries are 9 volt (A4254-10) or size J (A4254-20). A recipient could not get four 9 volt batteries *and* four Size J batteries in a 30-day period.

- Hearing aid batteries of any type are limited to 12 per month, and tracheal suction catheters (A4624-10,20,) are limited to a total of 300 per month.
- Allowed quantities are "provider specific" so that providers are not at risk of claim denial if the maximum of a particular supply has been obtained previously by the recipient from another provider.

#### Prior authorization (PA)

For recipients with a medical need for additional supplies, quantities in excess of the limit may be allowed with PA. We advise that you go through your files to identify recipients who will require certain supplies in excess of normally allowed quantities and submit a PA request as soon as possible. This will prevent a

recipient running out of supplies or waiting until the situation is urgent. Beginning July 1, 1996, PA requests may be submitted. Requests received in July will have a grant date of August 1 or later.

For PA, you must submit to EDS all of the following items:

- a prescription dated within six months of receipt by EDS, including specific information on frequency of use and expected duration of use
- a completed PA request form (PA/RF)

In field 18, after the description of the supply, include in parentheses the number needed per month and the length of time needed (as indicated on the prescription), and the requested start date, e.g. (50/month for 3 months, beginning August 1, 1996).

In field 19, include the *total quantity* needed for the length of time needed. For example, if 50 wound cover pads (K0209) are needed per month for a three-month period, enter 150 (not just the 45 which is the total over the limit of 35 per month). See the example PA/RF in Attachment 1.

- a PA/DMEA form including information on past use (if applicable), the reason additional items are necessary, an explanation of the duration of need, and any other pertinent information (see the example PA/DMEA in Attachment 2)

In the future, certain items which are particularly susceptible to abuse may require PA irrespective of the quantity. We will notify you of supplies always requiring PA.

### **Urgent Situations**

If an unforeseen emergency occurs in which a recipient needs supplies

exceeding the limit, you have two available courses of action.

1. You may dispense the supply, submit a PA request to EDS, and request backdating of the PA request. Include justification for beginning the service before prior authorization was obtained. The PA request must be received by EDS within 14 calendar days of dispensing the supply. If the PA request is denied, however, Wisconsin Medicaid will not reimburse the provider for the services. See Part A, Provider Handbook for more information on backdating.
2. You may call the Bureau of Health Care Financing (608) 266-2521 between 8 AM and 4:30 PM to obtain verbal authorization. This procedure should be used *only in urgent medical necessity situations*. If authorization is granted, the written PA request forms, including a prescription, must be received by EDS within 14 calendar days of the date of telephone authorization. The PA/RF must include a statement that telephone authorization occurred, the name of the authorizing person and date of authorization.

### **Procedure code changes**

Due primarily to 1996 HCPCS updates, the following procedure code changes are effective for dates of service on and after August 1, 1996 and are reflected in the attached DMS Index.

- A4254, replacement battery any type, for use with medically necessary home blood glucose monitor owned by patient, replaces K0267 (same description)
- A4326-10, catheter condom, disposable sheath, is deleted. Use K0411.

- A4358-20, leg bag reusable, is deleted.
- A4421-70, pouch deodorizer/germicide, is deleted. Use XX006.
- A4455-20, adhesive remover wipes, is deleted. Use XX007.
- A4580-03,04,05, stockinette, "per roll" is added to the description for clarification.
- A4595, tens supplies, 2 lead, replaces K0118, tens supplies.
- A4615, cannula nasal (with oxy tubing 7'), is a description change.
- A4615-10, oxygen mask, replaces A4621-50 (same description).
- A4615-20, oxygen tubing 25', is added.
- A4616-50, tubing latex amber, per 5 foot length, is a description change.
- A4621-20, tracheotomy mask adult, is deleted. Use A4621.
- A4621-45, tracheotomy mask intubation adaptor, is added.
- A4622-32, trach swivel adapter, A4622-55 trach tubing cuff connector, and A4622-65, trach flex tube 6" are added.
- A4624-20, trach suction catheter without vent, is deleted.
- A4628, oropharyngeal suction catheter and A4629, tracheostomy care kit for established tracheostomy replace K0164 and K0165 (same descriptions).
- A4649-20, finger cots, rubber, is deleted.
- B4035-10, enteral feeding bag, gravity set, and B4035-30, enteral feeding bag, pump set, are description changes.
- B4085, gastrostomy tube, silicone with sliding ring, replaces K0147 (same description).
- K0170, administration set, small volume nonfiltered pneumatic nebulizer, non-disposable, is deleted.
- K0400, adhesive skin support attachment for use with external breast prosthesis, is added.
- K0410, male external catheter, with adhesive coating, is deleted.
- W6404-60, disposable diaper liners, is replaced by W6410 (same description).
- W6408, nebulizers and accessories, is deleted. Use K0168-K0173.
- XX004, urinary intermittent catheter with insertion tray, and XX004-10, urinary intermittent catheter with insertion tray-touchless system, are added.
- 91000-0003-42, syringe cath tip 50C Asepto, is deleted.
- 97002-1000-12, IV Catheter PICC Line 3.8 FR is deleted. Use 97002-1000-11.
- 96000-9501-10, 96000-9501-02, 96000-9501-20, 96000-9501-05, 96000-9502-10, 96000-9502-02, 96000-9502-20, 96000-9502-05, glass syringes, are deleted.

Some changes in maximum allowable fees are also reflected in the new DMS Index.

## **Trach care starter kits**

Tracheotomy care or clearing starter kits (A4625) are only covered for a recipient during the first two weeks following an open surgical tracheostomy.

## **More about gloves**

Because they are more expensive, vinyl gloves are reimbursable only when an allergy to latex by the recipient or performing provider is documented. Remember that non-sterile gloves used in the home by a home health agency are included in the home health rate and are not separately billable. Sterile gloves should only be used when sterile technique is medically necessary.

## KEY FOR READING THE INDEX OF DISPOSABLE MEDICAL SUPPLIES

The Index of Disposable Medical Supplies consists of two parts and contains information necessary for proper billing of DMS. Part I contains HCPCS and local billing codes (some with modifiers) for most covered supplies. Part II contains 11 digit state assigned codes for supplies used to prepare and administer IV, IM and SQ drugs. Listed below is a description of the data elements listed on Part I and II.

### **Part I (Billed on HCFA 1500)**

**CODE:** This is the base 5 character National Level II HCPCS code which is used by Medicare, or a state assigned local code (beginning with W), which identifies a DMS item or category.

**MOD:** This field contains information regarding modifiers used by the Wisconsin Medicaid program to provide additional specificity for the base code. A "Y" in the first row under each base code indicates a modifier must always be used when billing Wisconsin Medicaid. An "N" indicates a modifier is not necessary, but may be used if one is indicated. The "PA" modifier may be used for any base code listed in Part I.

**IN NH RATE?:** "YES" indicates this item is included in the nursing home daily rate and is not separately reimbursable for nursing home residents. "NO" indicates this item is not in the nursing home daily rate and is separately reimbursable for Wisconsin Medicaid nursing home recipients.

**IN HH RATE?:** "YES" indicates this item is included in the home health visit rate and is not separately reimbursable for home health recipients when used during the visit. The item may be payable if it is only used by the family. "NO" indicates this item is separately billable.

**DESCRIPTION:** This is the name of the item associated with the base National Level II HCPCS Code or state assigned local code. The description that appears on the first row for each code is the description that will appear on each Remittance and Status Report, regardless of the specific modifier used. Providers will need to use the Index with the remittance report to verify correct payment. The description also indicates the quantity (e.g., "each," "pkg," "per box of 200") which is considered one unit. For example, even though a box contains multiple items, if "per box of 200" is indicated in the description, the quantity or unit is one (1).

**MAX FEE:** This field contains the maximum reimbursement available for each code and modifier listed. Providers must not bill more than their usual and customary charge for each item. Copayment amounts are not reflected in this reimbursement amount.

**MAX QTY ALLOWED/MO:** Unless a different time period is indicated, this is the quantity allowed per recipient per 30-day period.

**NEW:** The final column indicates changes appearing for the first time.

### **Part II (Billed on the Drug Claim Form)**

**CODE:** This is the 11 digit state assigned procedure code for IV/IM related supplies. These codes are billable only on Wisconsin Medicaid drug claim forms.

**IN NH RATE?:** Same as above, Part I.

**IN HH RATE?:** Same as above, Part I.

**DESCRIPTION:** This is the label name of the DMS item as it will appear on the Remittance and Status Report.

**MAX FEE:** Same as above, Part I.

**MAX QTY ALLOWED/MO:** Same as above, Part I.

**NEW:** Same as above, Part I.

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
A4244	N			Alcohol per pint			
A4244		YES	YES	Alcohol per pint	\$1.33	3	
A4250	N			<b>Urine test or reagent strips or tablets (100 tablets or strips)</b>			
A4250		NO	NO	Urine test or reagent strips or tablets (100 tablets or strips)	\$13.95	2	
A4253	N			<b>Blood glucose test or reagent strips for home blood glucose monitor, p</b>			
A4253		YES	NO	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	\$38.13	3	
A4254	Y			<b>Replacement battery any type, for use w/medically necessary home blo</b>			
A4254				Replacement battery any type, for use w/medically necessary home blood glucose monitor owned by patient, each		4 total	N
A4254	10	NO	NO	Battery - 9 volt, each	\$2.62		N
A4254	20	NO	NO	Battery, Size J	\$3.47		N
A4256	N			<b>Normal, low and high calibrator solution/chips pkg</b>			
A4256		YES	NO	Normal, low and high calibrator solution/chips pkg	\$12.63	2	
A4259	N			<b>Lancets, per box of 100</b>			
A4259		YES	NO	Lancets, per box of 100	\$7.44	2	
A4310	N			<b>Insertion tray without drainage bag; and without catheter (accessories</b>			
A4310		YES	NO	Insertion tray without drainage bag; and without catheter (accessories only)	\$7.33	3	
A4311	N			<b>Insertion tray without drainage bag; with indwelling catheter, foley type,</b>			
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.)	\$14.44	3	
A4312	N			<b>Insertion tray without drainage bag; bag with indwelling catheter, foley</b>			
A4312		YES	NO	Insertion tray without drainage bag; bag with indwelling catheter, foley type, two-way, all silicone	\$16.77	3	
A4313	N			<b>Insertion tray without drainage bag; bag with indwelling catheter, foley</b>			
A4313		YES	NO	Insertion tray without drainage bag; bag with indwelling catheter, foley type, three-way, for continuous irrigation	\$17.89	3	
A4314	N			<b>Insertion tray with drainage; with indwelling catheter, foley type, two-w</b>			
A4314		YES	NO	Insertion tray with drainage; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	\$22.70	3	
A4315	N			<b>Insertion tray with drainage; with indwelling catheter, foley type, two-w</b>			
A4315		YES	NO	Insertion tray with drainage; with indwelling catheter, foley type, two-way, all silicone	\$23.47	3	
A4316	N			<b>Insertion tray with drainage; with indwelling catheter, foley type, three-</b>			
A4316		YES	NO	Insertion tray with drainage; with indwelling catheter, foley type, three-way, for continuous irrigation	\$26.95	3	
A4320	N			<b>Irrigation tray with bulb or piston syringe, any purpose</b>			
A4320		YES	NO	Irrigation tray with bulb or piston syringe, any purpose	\$4.27	35	
A4322	Y			<b>Irrigation syringe, bulb or piston</b>			
A4322		YES	NO	Irrigation syringe, bulb or piston			
A4322	10	YES	NO	Ear syringe (all sizes)	\$3.98	1	
A4322	20	YES	NO	Enema syringe	\$3.98	1	
A4322	30	YES	NO	Feminine syringe (bulb)	\$6.28	1	
A4322	40	YES	NO	Nasal aspirator	\$3.49	1	
A4323	N			<b>Sterile saline irrigation solution, 1000ml</b>			
A4323		NO	NO	Sterile saline irrigation solution, 1000ml	\$8.69	70 total	
A4323	20	NO	NO	Acetic acid irrigation solution, 1000ml	\$8.69		
A4326	N			<b>Male external catheter specialty type, (e.g., inflatable, faceplate, etc;) ea</b>			
A4326		YES	NO	Male external catheter specialty type, (e.g., inflatable, faceplate, etc;) each	\$11.41	4	
A4326	10	YES	NO	Catheter condom disposable sheath			D

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
<b>A4327</b>	N			<b>Female external urinary collection device; metal cup, each</b>			
A4327		YES	NO	Female external urinary collection device; metal cup, each	\$35.40	1	
<b>A4328</b>	N			<b>Female external urinary collection device; pouch, each</b>			
A4328		YES	NO	Female external urinary collection device; pouch, each	\$8.36	35	
<b>A4329</b>	N			<b>External catheter starter set, male/female, includes catheters/urinary co</b>			
A4329		YES	NO	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply	\$28.27	4	
<b>A4335</b>	Y			<b>Incontinence supply; misc</b>			
A4335		YES	NO	Incontinence supply; misc		2 total	
A4335	20	YES	NO	Catheter tube holder	\$8.37		
A4335	30	YES	NO	Urinal cup	\$5.58		
<b>A4338</b>	Y			<b>Indwelling catheter; foley type, two-way latex with coating (teflon, silico</b>			
A4338		YES	NO	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)		3 total	
A4338	10	YES	NO	Catheter, foley teflon coated latex 5cc	\$6.42		
A4338	20	YES	NO	Catheter, foley teflon coated latex 30cc	\$8.45		
<b>A4340</b>	N			<b>Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)</b>			
A4340		YES	NO	Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)	\$5.10	3	
<b>A4344</b>	Y			<b>Indwelling catheter, foley type; two-way all silicone</b>			
A4344		YES	NO	Indwelling catheter, foley type; two-way all silicone		3 total	
A4344	10	YES	NO	Catheter/foley silicone 5cc - Each	\$9.07		
A4344	20	YES	NO	Catheter/foley silicone 30cc - Each	\$12.28		
A4344	30	YES	NO	Catheter urethra	\$2.09		
<b>A4346</b>	N			<b>Indwelling catheter, foley type; three-way for continuous irrigation</b>			
A4346		YES	NO	Indwelling catheter, foley type; three-way for continuous irrigation	\$21.35	3	
<b>A4351</b>	N			<b>Intermittent urinary catheter; straight tip</b>			
A4351		YES	NO	Intermittent urinary catheter; straight tip	\$1.41	150	
<b>A4352</b>	N			<b>Intermittent urinary catheter; coude (curved tip)</b>			
A4352		YES	NO	Intermittent urinary catheter; coude (curved tip)	\$2.84	150	
<b>A4354</b>	N			<b>Insertion tray with drainage bag, but without catheter</b>			
A4354		YES	NO	Insertion tray with drainage bag, but without catheter	\$10.40	3	
<b>A4355</b>	N			<b>Irrigation tubing set for continuous bladder irrigation through a three-w</b>			
A4355		YES	NO	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$10.92	3	
<b>A4356</b>	N			<b>External urethral clamp or compression device (not to be used for cath</b>			
A4356		YES	NO	External urethral clamp or compression device (not to be used for catheter clamp)	\$44.64	1Q3MO	
<b>A4357</b>	N			<b>Bedside drainage bag, day or night with or without anti-reflux device, w</b>			
A4357		YES	NO	Bedside drainage bag, day or night with or without anti-reflux device, with or without tube	\$9.20	4	
<b>A4358</b>	N			<b>Urinary leg bag; vinyl, with or without tube</b>			
A4358		YES	NO	Urinary leg bag; vinyl, with or without tube	\$6.28	6 total	
A4358	10	YES	NO	Leg bag sterile, disposable	\$6.28		
A4358	20	YES	NO	Leg bag, reusable			D
A4358	30	YES	NO	Leg bag w/valve	\$4.19		
A4358	50	YES	NO	Urinal female thigh bag	\$5.93		
A4358	60	YES	NO	Urinary pouch	\$4.68		
A4358	70	YES	NO	Pouch drainable clamp	\$2.15		
<b>A4359</b>	N			<b>Urinary suspensory without leg bag</b>			
A4359		YES	NO	Urinary suspensory without leg bag	\$22.49	1	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
A4361	N			<b>Ostomy face plate</b>			
A4361		NO	NO	Ostomy face plate	\$19.81	2 total	
A4361	20	NO	NO	Hypalon face plate	\$31.39		
A4362	N			<b>Skin barrier; solid, 4 x 4 or equivalent; each</b>			
A4362		NO	NO	Skin barrier; solid, 4 x 4 or equivalent; each	\$3.46	15	
A4364	N			<b>Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, pow</b>			
A4364		NO	NO	Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, powder or paste, any composition (e.g. silicone, latex, etc.) per oz.	\$2.42	12 total	
A4364	10	NO	NO	Adhesive cement/adhesive per oz	\$2.45		
A4364	20	NO	NO	Adhesive spray per oz	\$3.49		
A4364	30	NO	NO	Appliance adhesive per oz	\$4.74		
A4367	N			<b>Ostomy belt</b>			
A4367		NO	NO	Ostomy belt	\$6.98	2 total	
A4367	50	NO	NO	Ostomy belt retainer ring	\$2.86		
A4397	N			<b>Irrigation supply; sleeve</b>			
A4397		NO	NO	Irrigation supply; sleeve	\$4.74	2 total	
A4397	30	NO	NO	Irrigation sleeve w/flange	\$6.98		
A4398	N			<b>Irrigation supply; bags (includes an irrig cone/catheter &amp; brush)</b>			
A4398		NO	NO	Irrigation supply; bags (includes an irrig cone/catheter & brush)	\$13.41	2	
A4399	N			<b>Irrigation supply; cone/catheter</b>			
A4399		NO	NO	Irrigation supply; cone/catheter	\$11.86	1	
A4399	30	NO	NO	Irrigation drainage tube w/connector	\$2.31	4	
A4402	N			<b>Lubricant per ounce</b>			
A4402		YES	YES	Lubricant per ounce	\$1.79	4	
A4404	N			<b>Ostomy ring, each</b>			
A4404		NO	NO	Ostomy ring, each	\$1.79	10	
A4421	Y			<b>Ostomy supply; misc</b>			
A4421		NO	NO	Ostomy supply; misc			
A4421	10	NO	NO	Bead "O" ring	\$1.84	4	
A4421	15	NO	NO	Urinary night drain adapter	\$1.95	4	
A4421	20	NO	NO	Pouch/appliance cover	\$1.94	1	
A4421	25	NO	NO	Tail Closures	\$2.34	4	
A4421	30	NO	NO	Flip-Top Valve	\$3.35	4	
A4421	35	NO	NO	Karaya Washer	\$1.61	10	
A4421	40	NO	NO	Adhesive Gasket	\$0.52	4	
A4421	45	NO	NO	Colostomy Dressing	\$0.31	35	
A4421	50	NO	NO	Ostomy Drain	\$0.35	4	
A4421	55	NO	NO	Ostomy Plug/Filter	\$2.79	4	
A4421	60	NO	NO	Loop Gasket Assembly	\$6.98	8	
A4421	65	NO	NO	Mucospense 120ml	\$5.58	1	
A4421	70	NO	NO	Pouch deodorizer/germicide per oz			D
A4421	75	NO	NO	Cohesive seal	\$4.26	4	
A4421	85	NO	NO	Drainage Connector	\$1.53	15	
A4455	Y			<b>Adhesive remover or solvent (for tape, cement or other adhesive) per o</b>			
A4455		NO	YES	Adhesive remover or solvent (for tape, cement or other adhesive) per ounce		8 total	
A4455	10	NO	YES	Adhesive remover per oz	\$0.84		
A4455	20	NO	YES	Adhesive remover wipes ea.			D
A4455	30	NO	YES	Adhesive remover aerosol per oz	\$2.65		
A4460	N			<b>Elastic bandage, per roll (e.g. compression bandage)</b>			
A4460		YES	NO	Elastic bandage, per roll (e.g. compression bandage)	\$0.98	4 total	
A4460	10	YES	NO	Elastic bandage 2"	\$2.51		
A4460	20	YES	NO	Elastic bandage 3"	\$3.07		

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED



# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		NEW
					MAX FEE	ALLOWED/MO	
A4460	30	YES	NO	Elastic bandage 4"	\$3.90		
A4460	40	YES	NO	Elastic bandage 6"	\$5.01		
A4460	50	YES	NO	Tubular elastic bandage retainer size A	\$7.17		
A4460	60	YES	NO	Tubular elastic bandage retainer size B	\$9.25		
A4460	70	YES	NO	Tubular elastic bandage retainer size C	\$15.46		
<b>A4465</b>	<b>N</b>			<b>Non-elastic binder for extremity</b>			
A4465		YES	NO	Non-elastic binder for extremity	\$12.56	4	
<b>A4550</b>	<b>N</b>			<b>Surgical trays</b>			
A4550		YES	NO	Surgical trays	\$28.18	12 total	
A4550	10	YES	NO	Dressing change kit	\$22.02		
<b>A4554</b>	<b>Y</b>			<b>Disposable underpads, all sizes, (e.g., chux's)</b>			
A4554		YES	YES	Disposable underpads, all sizes, (e.g., chux's)		200 total	
A4554	10	YES	YES	Underpads, 17x24, each	\$0.17		
A4554	20	YES	YES	Underpads, 23x24, each	\$0.22		
A4554	30	YES	YES	Underpads, 24x29, each	\$0.33		
A4554	40	YES	YES	Underpads, 23x36, each	\$0.33		
A4554	50	YES	YES	Underpads, 28x36, each	\$0.31		
A4554	60	YES	YES	Underpads, 30x30, each	\$0.33		
<b>A4557</b>	<b>N</b>			<b>Lead wires, per pair</b>			
A4557		YES	NO	Lead wires, per pair	\$17.94	2Q3MO	
<b>A4560</b>	<b>N</b>			<b>Pessary</b>			
A4560		NO	NO	Pessary	\$20.64	1Q3MO	
<b>A4580</b>	<b>Y</b>			<b>Cast supplies</b>			
A4580		YES	NO	Cast supplies		2 total	
A4580	01	YES	NO	Reston pad 1"	\$5.39		
A4580	02	YES	NO	Reston pad 7/16"	\$3.93		
A4580	03	YES	NO	Stockinette - 2", per roll	\$3.05		C
A4580	04	YES	NO	Stockinette - 3", per roll	\$3.92		C
A4580	05	YES	NO	Stockinette - 6", per roll	\$5.53		C
<b>A4595</b>	<b>Y</b>			<b>Tens supplies, 2 lead, per month</b>			
A4595				Tens supplies, 2 lead, per month			N
A4595	10	YES	NO	Electrodes, disposable	\$1.75	60	N
A4595	20	YES	NO	Electrodes, multi use	\$2.65	10	N
A4595	30	YES	NO	Electrodes, sterile	\$7.67	15	N
A4595	40	YES	NO	Electrode foam adhesive patches	\$0.45	100	N
A4595	50	YES	NO	Tens gel	\$5.30	1	N
<b>A4615</b>	<b>Y</b>			<b>Cannula nasal (with oxy tubing 7')</b>			
A4615		YES	NO	Cannula nasal (with oxy tubing 7')	\$2.36	6	C
A4615	10	YES	NO	Oxygen mask	\$0.91	6	N
A4615	20	YES	NO	Oxygen tubing 25'	\$1.94	6	N
<b>A4616</b>	<b>Y</b>			<b>Tubing, unspecified length</b>			
A4616		YES	NO	Tubing, unspecified length		4 total	
A4616	10	YES	NO	Bardic adapter and tubing	\$2.93		
A4616	20	YES	NO	Urinary tubing w/connector	\$2.36		
A4616	30	YES	NO	Urinary drain tube	\$2.93		
A4616	40	YES	NO	Lo-Profile drain tube	\$5.44		
A4616	50	YES	NO	Tubing latex amber, per 5 foot length	\$2.12		C
A4616	60	YES	NO	Urinary ext tube	\$1.95		
<b>A4617</b>	<b>N</b>			<b>Mouth piece</b>			
A4617		YES	NO	Mouth piece	\$6.39	2	
<b>A4618</b>	<b>N</b>			<b>Breathing circuits</b>			
A4618		YES	NO	Breathing circuits	\$11.96	10	
<b>A4619</b>	<b>N</b>			<b>Face tent</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
 NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		NEW
					MAX FEE	ALLOWED/MO	
A4619		YES	NO	Face tent	\$6.05	4	
<b>A4620</b>	N			<b>Variable concentration mask</b>			
A4620		YES	NO	Variable concentration mask	\$2.78	4	C
<b>A4621</b>	N			<b>Tracheotomy mask or collar</b>			
A4621		YES	NO	Tracheotomy mask or collar	\$4.26	20 total	
A4621	10	YES	NO	Trach bib	\$6.53		
A4621	20	YES	NO	Trach mask adult			D
A4621	30	YES	NO	Trach mask pediatric	\$3.60		
A4621	40	YES	NO	Trach mask - germ filter	\$2.46		
A4621	45	YES	NO	Trach mask intubation adaptor	\$0.68		N
A4621	50	YES	NO	Oxygen mask			D
<b>A4622</b>	Y			<b>Tracheotomy or laryngectomy tube</b>			
A4622		YES	NO	Tracheotomy or laryngectomy tube			
A4622	10	YES	NO	Trach tube silicone	\$63.62	1	
A4622	20	YES	NO	Trach sample line	\$15.49	4	
A4622	30	YES	NO	Trach airway adaptor	\$18.32	4	
A4622	32	YES	NO	Trach swivel adapter	\$1.87	20	N
A4622	40	YES	NO	Trach vol vent circuits	\$4.54	15	
A4622	50	YES	NO	Trach therm w/T-adaptor	\$3.35	35	
A4622	55	YES	NO	Trach tubing cuff connector	\$1.86	20	N
A4622	60	YES	NO	Trach tube fenestrated	\$50.78	1	
A4622	65	YES	NO	Trach flex tube 6"	\$0.93	20	N
A4622	70	YES	NO	Trach tubing Corrug/Aersl 100'	\$15.00	2	
<b>A4623</b>	N			<b>Tracheotomy, inner cannula (replacement only)</b>			
A4623		YES	NO	Tracheotomy, inner cannula (replacement only)	\$5.52	35	
<b>A4624</b>	Y			<b>Tracheal suction catheter, any type, each</b>			
A4624		YES	NO	Tracheal suction catheter, any type, each			
A4624	10	YES	NO	Trach suction catheter; each	\$1.10	300 total mod 10&30	C
A4624	20	YES	NO	Trach suction catheter, w/o vent; each			D
A4624	30	YES	NO	Trach suction kit w/saline	\$1.76	300 total mod 10&30	C
A4624	40	YES	NO	Trach tubing conn/suction	\$4.93	12	
A4624	50	YES	NO	Trach Vapo-Trans Chamber	\$11.16	35	
<b>A4625</b>	N			<b>Tracheotomy care or cleaning starter kit</b>			
A4625		YES	NO	Tracheotomy care or cleaning starter kit	\$6.58	15 per year	
<b>A4626</b>	N			<b>Tracheotomy cleaning brush, each</b>			
A4626		YES	NO	Tracheotomy cleaning brush, each	\$2.50	2	
<b>A4627</b>	N			<b>Spacer, bag or reservoir, with or without mask, for use metered dose in</b>			
A4627		NO	NO	Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$14.84	1	
<b>A4628</b>	N			<b>Oropharyngeal suction catheter, each</b>			
A4628		YES	NO	Oropharyngeal suction catheter, each	\$2.65	8	N
<b>A4629</b>	N			<b>Tracheostomy care kit for established tracheostomy</b>			
A4629		YES	NO	Tracheostomy care kit for established tracheostomy	\$3.70	100	N
<b>A4649</b>	Y			<b>Surgical supply; misc</b>			
A4649		YES	NO	Surgical supply; misc			
A4649	10	YES	NO	Finger cots, latex - Each	\$0.03	144	
A4649	20	YES	NO	Finger cots, rubber - Each			D
<b>A4860</b>	Y			<b>Disposable catheter caps</b>			
A4860		YES	NO	Disposable catheter caps		4 total	
A4860	10	YES	NO	Catheter plug	\$2.09		
A4860	20	YES	NO	Catheter plug/cap	\$0.74		

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		NEW
					MAX FEE	ALLOWED/MO	
<b>A4927</b>	Y			<b>Gloves, sterile or non-sterile, per pair</b>			
A4927		YES		Gloves, sterile or non-sterile, per pair		150 total	
A4927	10	YES	YES	Gloves, latex, non-sterile, per pair	\$0.17		
A4927	20	YES	NO	Gloves, latex, sterile, per pair	\$1.23		
A4927	30	YES	YES	Gloves, vinyl, non-sterile, per pair	\$0.39		
A4927	40	YES	NO	Gloves, vinyl, sterile, per pair	\$0.63		
<b>A5051</b>	N			<b>Pouch, closed; with barrier attached (1 piece)</b>			
A5051		NO	NO	Pouch, closed; with barrier attached (1 piece)	\$1.69	35	
<b>A5052</b>	N			<b>Pouch, closed; without barrier attached (1 piece)</b>			
A5052		NO	NO	Pouch, closed; without barrier attached (1 piece)	\$1.23	35 total	
A5052	30	NO	NO	Pouch, pediatric ostomy	\$5.50		
A5052	60	NO	NO	Pouch, combimicro infant	\$3.59		
A5052	70	NO	NO	Pouch, semi disposable	\$4.54		
<b>A5053</b>	N			<b>Pouch, closed; for use on faceplate</b>			
A5053		NO	NO	Pouch, closed; for use on faceplate	\$1.44	35	
<b>A5054</b>	N			<b>Pouch, closed; for use on barrier with flange (2 piece)</b>			
A5054		NO	NO	Pouch, closed; for use on barrier with flange (2 piece)	\$1.50	35 total	
A5054	30	NO	NO	Ostomy system w/floating flange	\$4.65		
A5054	40	NO	NO	Pouch w/replaceable filter/flange	\$3.43		
<b>A5055</b>	N			<b>Stoma cap</b>			
A5055		NO	NO	Stoma cap	\$1.92	35 total	
A5055	10	NO	NO	Flange cap	\$3.12		
<b>A5061</b>	N			<b>Pouch, drainable; with barrier attached (1 piece)</b>			
A5061		NO	NO	Pouch, drainable; with barrier attached (1 piece)	\$2.51	20 total	
A5061	30	NO	NO	Pouch, wound drainage collector	\$10.60		
A5061	40	NO	NO	Pouch, drainable, fecal w/barrier	\$7.08		
<b>A5062</b>	N			<b>Pouch, drainable; without barrier attached (1 piece)</b>			
A5062		NO	NO	Pouch, drainable; without barrier attached (1 piece)	\$2.26	20	
<b>A5063</b>	N			<b>Pouch, drainable; for use on barrier with flange (2 piece)</b>			
A5063		NO	NO	Pouch, drainable; for use on barrier with flange (2 piece)	\$2.23	20 total	
A5063	30	NO	NO	Pouch, drainable w/flange, pediatric	\$4.09		
<b>A5064</b>	N			<b>Pouch, drainable; with faceplate attached; plastic or rubber</b>			
A5064		NO	NO	Pouch, drainable; with faceplate attached; plastic or rubber	\$8.89	20 total	
A5064	30	NO	NO	Pouch, drainable w/faceplate, pediatric	\$5.93		
<b>A5065</b>	N			<b>Pouch, drainable; for use on faceplate; plastic or rubber</b>			
A5065		NO	NO	Pouch, drainable; for use on faceplate; plastic or rubber	\$5.61	20	
<b>A5071</b>	N			<b>Pouch, urinary; with barrier attached (1 piece)</b>			
A5071		NO	NO	Pouch, urinary; with barrier attached (1 piece)	\$4.19	20	
<b>A5072</b>	N			<b>Pouch, urinary; without barrier attached (1 piece)</b>			
A5072		NO	NO	Pouch, urinary; without barrier attached (1 piece)	\$3.84	20	
<b>A5073</b>	N			<b>Pouch, urinary; for use on barrier with flange (2 piece)</b>			
A5073		NO	NO	Pouch, urinary; for use on barrier with flange (2 piece)	\$3.42	20	
<b>A5074</b>	N			<b>Pouch, urinary; with faceplate attached; plastic or rubber</b>			
A5074		NO	NO	Pouch, urinary; with faceplate attached; plastic or rubber	\$6.93	20	
<b>A5075</b>	N			<b>Pouch, urinary; for use on faceplate; plastic or rubber</b>			
A5075		NO	NO	Pouch, urinary; for use on faceplate; plastic or rubber	\$4.73	20	
<b>A5081</b>	N			<b>Continent device; plug for continent stoma</b>			
A5081		YES	NO	Continent device; plug for continent stoma	\$2.64	4	
<b>A5082</b>	N			<b>Continent device; catheter for continent stoma</b>			
A5082		YES	NO	Continent device; catheter for continent stoma	\$9.87	1	
<b>A5093</b>	N			<b>Ostomy accessory; convex insert</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
 NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		
					MAX FEE	ALLOWED/MO	NEW
A5093		NO	NO	Ostomy accessory; convex insert	\$1.67	10	
<b>A5102</b>	N			<b>Bedside drainage bottle, rigid or expandable</b>			
A5102		YES	NO	Bedside drainage bottle, rigid or expandable	\$24.02	1	
<b>A5105</b>	N			<b>Urinary suspensory; with leg bag, with or without tube</b>			
A5105		YES	NO	Urinary suspensory; with leg bag, with or without tube	\$42.88	1	
<b>A5112</b>	N			<b>Urinary leg bag; latex</b>			
A5112		YES	NO	Urinary leg bag; latex	\$25.75	1	
<b>A5113</b>	N			<b>Leg strap; latex, per set</b>			
A5113		YES	NO	Leg strap; latex, per set	\$3.84	1	
<b>A5114</b>	N			<b>Leg strap; foam or fabric, per set</b>			
A5114		YES	NO	Leg strap; foam or fabric, per set	\$6.38	1	
<b>A5119</b>	N			<b>Skin barrier; wipes, box per 50 (ostomy use only)</b>			
A5119		NO	NO	Skin barrier; wipes, box per 50 (ostomy use only)	\$8.87	1	
<b>A5121</b>	N			<b>Skin barrier; solid, 6 x 6 or equivalent, each</b>			
A5121		NO	NO	Skin barrier; solid, 6 x 6 or equivalent, each	\$5.54	15	
<b>A5122</b>	N			<b>Skin barrier; solid, 8 x 8 or equivalent, each</b>			
A5122		NO	NO	Skin barrier; solid, 8 x 8 or equivalent, each	\$10.31	8	
<b>A5123</b>	N			<b>Skin barrier; with flange (solid, flexible or accordion), any size, each</b>			
A5123		NO	NO	Skin barrier; with flange (solid, flexible or accordion), any size, each	\$4.05	15	
<b>A5126</b>	N			<b>Adhesive, disc or foam pad</b>			
A5126		NO	NO	Adhesive, disc or foam pad	\$1.08	10	
<b>A5131</b>	N			<b>Appliance cleaner, incontinence and ostomy appliances, per 16 oz</b>			
A5131		NO	NO	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.02	1	
<b>B4035</b>	Y			<b>Enteral feeding supply kit; pump fed</b>			
B4035		YES	NO	Enteral feeding supply kit; pump fed		35 total	
B4035	10	YES	NO	Enteral feeding bag, gravity set	\$11.25		C
B4035	30	YES	NO	Enteral feeding bag, pump set	\$12.83		C
<b>B4081</b>	N			<b>Nasogastric tubing with stylet</b>			
B4081		YES	NO	Nasogastric tubing with stylet	\$16.50	35	
<b>B4082</b>	N			<b>Nasogastric tubing without stylet</b>			
B4082		YES	NO	Nasogastric tubing without stylet	\$3.75	35	
<b>B4083</b>	N			<b>Stomach tube</b>			
B4083		YES	NO	Stomach tube	\$2.25	4 total	
B4083	10	YES	NO	Enteral feeding tube	\$2.25		
B4083	30	YES	NO	Enteral tube/gast stndbaln	\$39.00		
B4083	40	YES	NO	Enteral Y-Port Connector	\$6.87		
<b>B4084</b>	N			<b>Gastrostomy/jejunostomy tubing</b>			
B4084		YES	NO	Gastrostomy/jejunostomy tubing	\$9.00	2	
<b>B4085</b>	N			<b>Gastrostomy tube, silicone with sliding ring, each</b>			
B4085		YES	NO	Gastrostomy tube, silicone with sliding ring, each	\$23.25	2	N
<b>K0118</b>	Y			<b>Tens supplies</b>			
K0118		YES	NO	Tens supplies			D
K0118	10	YES	NO	Electrodes, disposable			D
K0118	20	YES	NO	Electrodes, multi use			D
K0118	30	YES	NO	Electrodes, sterile			D
K0118	40	YES	NO	Electrode foam adhesive patches			D
K0118	50	YES	NO	Tens gel			D
<b>K0137</b>	Y			<b>Skin barrier, liquid (spray, brush, etc) per oz.</b>			
K0137		NO	NO	Skin barrier, liquid (spray, brush, etc) per oz.		8 total	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
 NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
K0137	10	NO	NO	Skin barrier, aerosol per oz	\$2.59		
K0137	20	NO	NO	Skin barrier, liquid per oz	\$2.90		
<b>K0138</b>	<b>N</b>			<b>Skin barrier; paste, per oz.</b>			
K0138		NO	NO	Skin barrier; paste, per oz.	\$2.79	4	
<b>K0139</b>	<b>N</b>			<b>Skin barrier; powder, per oz.</b>			
K0139		NO	NO	Skin barrier; powder, per oz.	\$3.49	4	
<b>K0147</b>	<b>N</b>			<b>Gastostomy tube, silicone with sliding ring</b>			
K0147		NO	NO	Gastostomy tube, silicone with sliding ring			D
<b>K0164</b>	<b>N</b>			<b>Oropharyngeal suction catheter, each</b>			
K0164		YES	NO	Oropharyngeal suction catheter, each			D
<b>K0165</b>	<b>N</b>			<b>Tracheostomy care kit for established tracheostomy</b>			
K0165		YES	NO	Tracheostomy care kit for established tracheostomy			D
<b>K0168</b>	<b>N</b>			<b>Administration set, small volume nonfiltered pneumatic nebulizer, disp</b>			
K0168		NO	NO	Administration set, small volume nonfiltered pneumatic nebulizer, disposable	\$1.95	35	
<b>K0169</b>	<b>N</b>			<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>			
K0169		NO	NO	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.47	35	
<b>K0170</b>	<b>N</b>			<b>Administration set, small volume nonfiltered pneumatic nebulizer, non-</b>			
K0170		NO	NO	Administration set, small volume nonfiltered pneumatic nebulizer, non-disposable			D
<b>K0171</b>	<b>N</b>			<b>Administration set, small volume filtered pneumatic nebulizer, non-disp</b>			
K0171		NO	NO	Administration set, small volume filtered pneumatic nebulizer, non-disposable	\$7.79	1	
<b>K0172</b>	<b>N</b>			<b>Large volume nebulizer, disposable, unfilled, used with aerosol compre</b>			
K0172		NO	NO	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$3.78	6	
<b>K0173</b>	<b>N</b>			<b>Large volume nebulizer, disposable, prefilled, used with aerosol compr</b>			
K0173		NO	NO	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$8.98	6	
<b>K0174</b>	<b>N</b>			<b>Reservoir bottle, non-disposable, used with large volume ultrasonic ne</b>			
K0174		NO	NO	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$34.37	1	
<b>K0175</b>	<b>N</b>			<b>Corrugated tubing, disposable, used with large volume nebulizer, 100 f</b>			
K0175		NO	NO	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	\$19.28	2	
K0175	10	NO	NO	Tubing, nebulizer disposable 3"	\$1.39	6	
<b>K0176</b>	<b>N</b>			<b>Corrugated tubing, non-disposable, used with large volume nebulizer, u</b>			
K0176		NO	NO	Corrugated tubing, non-disposable, used with large volume nebulizer, up to 10 feet	\$14.97	1	
<b>K0177</b>	<b>N</b>			<b>Water collection device, used with large volume nebulizer</b>			
K0177		NO	NO	Water collection device, used with large volume nebulizer	\$2.64	20	
<b>K0178</b>	<b>N</b>			<b>Filter, disposable, used with aerosol compressor</b>			
K0178		NO	NO	Filter, disposable, used with aerosol compressor	\$0.68	8	
<b>K0179</b>	<b>N</b>			<b>Filter, non-disposable, used with aerosol compressor or ultrasonic gen</b>			
K0179		NO	NO	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.66	1	
<b>K0180</b>	<b>N</b>			<b>Aerosol mask, used with dme nebulizer</b>			
K0180		NO	NO	Aerosol mask, used with dme nebulizer	\$1.40	6	
<b>K0181</b>	<b>N</b>			<b>Dome and mouthpiece, used with small volume ultrasonic nebulizer</b>			
K0181		NO	NO	Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$5.92	4	
<b>K0182</b>	<b>N</b>			<b>Water, distilled, used with large volume nebulizer, 1000ml</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		NEW
					MAX FEE	ALLOWED/MO	
K0182		NO	NO	Water, distilled, used with large volume nebulizer, 1000ml	\$0.32	35	
<b>K0183</b>	N			<b>Nasal application device, used with cpap device</b>			
K0183		YES	NO	Nasal application device, used with cpap device	\$62.69	1Q3MO	
<b>K0184</b>	N			<b>Nasal pillows/seals, replacement for nasal application device, pair</b>			
K0184		YES	NO	Nasal pillows/seals, replacement for nasal application device, pair	\$20.13	1Q3MO	
<b>K0185</b>	N			<b>Headgear, used with cpap device</b>			
K0185		YES	NO	Headgear, used with cpap device	\$32.51	1Q3MO	
<b>K0186</b>	N			<b>Chin strap, used with cpap device</b>			
K0186		YES	NO	Chin strap, used with cpap device	\$12.68	1Q3MO	
<b>K0187</b>	Y			<b>Tubing, used with cpap device</b>			
K0187	10	YES	NO	Tubing, used with cpap device	\$33.52	2Q3MO total	
K0187	20	YES	NO	Peep valve w/adapter	\$9.69		
<b>K0188</b>	N			<b>Filter, disposable, used with cpap device</b>			
K0188		YES	NO	Filter, disposable, used with cpap device	\$3.74	4	
<b>K0189</b>	N			<b>Filter, non-disposable, used with cpap device</b>			
K0189		YES	NO	Filter, non-disposable, used with cpap device	\$12.03	1Q3MO	
<b>K0190</b>	N			<b>Canister, disposable, used with suction pump</b>			
K0190		YES	NO	Canister, disposable, used with suction pump	\$7.30	2	
<b>K0191</b>	N			<b>Canister, non-disposable, used with suction pump</b>			
K0191		YES	NO	Canister, non-disposable, used with suction pump	\$27.04	1Q3MO	
<b>K0192</b>	N			<b>Tubing, used with suction pump</b>			
K0192		YES	NO	Tubing, used with suction pump	\$3.13	6	
<b>K0196</b>	N			<b>Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressi</b>			
K0196		YES	NO	Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$9.04	60	
<b>K0197</b>	N			<b>Alginate dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., each</b>			
K0197		YES	NO	Alginate dressing, wound cover, pad size >16 but <= to 48 sq. in., each dressing	\$14.36	35	
<b>K0198</b>	N			<b>Alginate dressing, wound cover, pad size &gt;48 sq. in., each dressing</b>			
K0198		YES	NO	Alginate dressing, wound cover, pad size >48 sq. in., each dressing	\$104.64	1	
<b>K0199</b>	N			<b>Alginate dressing, wound filler, per 6 inches</b>			
K0199		YES	NO	Alginate dressing, wound filler, per 6 inches	\$4.08	60	
<b>K0203</b>	N			<b>Composite dressing, pad size 16 sq. in. or less w/any size adh border, e</b>			
K0203		YES	NO	Composite dressing, pad size 16 sq. in. or less w/any size adh border, ea dressing	\$1.47	35	
<b>K0204</b>	N			<b>Composite dressing, pad size &gt;16 but &lt;= 48 sq. in. w/any size adh bord</b>			
K0204		YES	NO	Composite dressing, pad size >16 but <= 48 sq. in. w/any size adh border, ea dressing	\$2.58	35	
<b>K0205</b>	N			<b>Composite dressing, pad size &gt;48 sq. in. w/any size adh border, ea dres</b>			
K0205		YES	NO	Composite dressing, pad size >48 sq. in. w/any size adh border, ea dressing	\$4.25	35	
<b>K0206</b>	N			<b>Contact layer, 16 sq in., or less, ea dressing</b>			
K0206		YES	NO	Contact layer, 16 sq in., or less, ea dressing	\$0.90	35	
<b>K0207</b>	N			<b>Contact layer, &gt;16 but &lt;= to 48 sq in., ea dressing</b>			
K0207		YES	NO	Contact layer, >16 but <= to 48 sq in., ea dressing	\$1.56	35	
<b>K0208</b>	N			<b>Contact layer, &gt;48 sq. in., ea dressing</b>			
K0208		YES	NO	Contact layer, >48 sq. in., ea dressing	\$3.18	35	
<b>K0209</b>	N			<b>Foam dressing, wound cover pad size 16 sq. in., or less, w/o adh borde</b>			
K0209		YES	NO	Foam dressing, wound cover pad size 16 sq. in., or less, w/o adh border, ea dressing	\$4.96	35	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
K0210	N			<b>Foam dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., w/o adh</b>			
K0210		YES	NO	Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$9.65	35	
K0211	N			<b>Foam dressing, wound cover, pad size &gt;48 sq. in., w/o adh border, ea d</b>			
K0211		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$24.22	12	
K0212	N			<b>Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border,</b>			
K0212		YES	NO	Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border, ea dressing	\$6.16	35	
K0213	N			<b>Foam dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., w/adh b</b>			
K0213		YES	NO	Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$9.67	35	
K0214	N			<b>Foam dressing, wound cover, pad size &gt;48 sq. in., w/adh border, ea dre</b>			
K0214		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$13.61	12	
K0215	N			<b>Foam dressing, wound filler, per gram</b>			
K0215		YES	NO	Foam dressing, wound filler, per gram	\$2.17	35	
K0216	N			<b>Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea</b>			
K0216		YES	NO	Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea dressing	\$0.07	400	
K0217	N			<b>Gauze, non-impregnated, pad size &gt;16 but &lt;= to 48 sq. in., w/o adh bord</b>			
K0217		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$0.33	400	
K0218	N			<b>Gauze, non-impregnated, pad size &gt;48 sq. in., w/o adh border, ea dressi</b>			
K0218		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/o adh border, ea dressing	\$0.54	200	
K0219	N			<b>Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea dr</b>			
K0219		YES	NO	Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea dressing	\$0.25	200	
K0220	N			<b>Gauze, non-impregnated, pad size &gt;16 but &lt;= to 48 sq. in., w/adh border</b>			
K0220		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$0.61	100	
K0221	N			<b>Gauze, non-impregnated, pad size &gt;48 sq. in., w/adh border, ea dressin</b>			
K0221		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/adh border, ea dressing	\$1.02	60	
K0222	N			<b>Gauze, impregnated, other than water or normal saline, pad size 16 sq. i</b>			
K0222		YES	NO	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in or less, w/o adh border, ea dressing	\$2.12	60	
K0223	N			<b>Gauze, impregnated, other than water or normal saline, pad size &gt;16 bu</b>			
K0223		YES	NO	Gauze, impregnated, other than water or normal saline, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$2.28	60	
K0224	N			<b>Gauze, impregnated, other than water or normal saline, pad size &gt;48 sq.</b>			
K0224		YES	NO	Gauze, impregnated, other than water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing	\$2.36	60	
K0228	N			<b>Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less,</b>			
K0228		YES	NO	Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$0.53	60	
K0229	N			<b>Gauze, impregnated, water or normal saline, pad size &gt;16 but &lt;= to 48 s</b>			
K0229		YES	NO	Gauze, impregnated, water or normal saline, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$1.31	60	
K0230	N			<b>Gauze, impregnated, water or normal saline, pad size &gt;48 sq. in., w/o ad</b>			
K0230		YES	NO	Gauze, impregnated, water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing	\$2.79	60	
K0234	N			<b>Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o ad</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		NEW
					MAX FEE	ALLOWED/MO	
K0234		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$4.23	35	
K0235	N			<b>Hydrocolloid dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., w</b>			
K0235		YES	NO	Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o border, ea dressing	\$9.91	35	
K0236	N			<b>Hydrocolloid dressing, wound cover, pad size &gt;48 sq. in., w/o adh bord</b>			
K0236		YES	NO	Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$18.22	12	
K0237	N			<b>Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/adh</b>			
K0237		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/adh border, ea dressing	\$4.17	35	
K0238	N			<b>Hydrocolloid dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in.,</b>			
K0238		YES	NO	Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$15.78	35	
K0239	N			<b>Hydrocolloid dressing, wound cover, pad size &gt;48 sq. in., w/adh border,</b>			
K0239		YES	NO	Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$16.97	12	
K0240	N			<b>Hydrocolloid dressing, wound filler, paste, per fluid ounce</b>			
K0240		YES	NO	Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$7.40	12	
K0241	N			<b>Hydrocolloid dressing, wound filler, dry form, per gram</b>			
K0241		YES	NO	Hydrocolloid dressing, wound filler, dry form, per gram	\$1.39	12	
K0242	N			<b>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/o adh bo</b>			
K0242		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/o adh border, ea dressing	\$4.42	35	
K0243	N			<b>Hydrogel dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., w/o</b>			
K0243		YES	NO	Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$8.35	35	
K0244	N			<b>Hydrogel dressing, wound cover, pad size &gt;48 sq. in., w/o adh border, e</b>			
K0244		YES	NO	Hydrogel dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$16.47	12	
K0245	N			<b>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/adh bord</b>			
K0245		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/adh border, ea dressing	\$6.05	35	
K0246	N			<b>Hydrogel dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., w/ad</b>			
K0246		YES	NO	Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$10.71	12	
K0247	N			<b>Hydrogel dressing, wound cover, pad size &gt;48 sq. in., w/adh border, ea</b>			
K0247		YES	NO	Hydrogel dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$19.76	12	
K0248	N			<b>Hydrogel dressing, wound filler, gel, per fluid ounce</b>			
K0248		YES	NO	Hydrogel dressing, wound filler, gel, per fluid ounce	\$11.85	6	
K0251	N			<b>Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less,</b>			
K0251		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$1.53	60	
K0252	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;16 but &lt;= to 48 s</b>			
K0252		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$1.61	60	
K0253	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;48 sq. in., w/o a</b>			
K0253		YES	NO	Specialty absorptive dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$3.93	60	
K0254	N			<b>Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less</b>			
K0254		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less w/adh border, ea dressing	\$1.17	60	
K0255	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;16 but &lt;= to 48</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED



# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
K0255		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$1.69	60	
K0256	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;48 sq. in., w/adh</b>			
K0256		YES	NO	Specialty absorptive dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$2.23	60	
K0257	N			<b>Transparent film, 16 sq. in., or less, ea dressing</b>			
K0257		YES	NO	Transparent film, 16 sq. in., or less, ea dressing	\$0.41	60	
K0258	N			<b>Transparent film, &gt;16 but &lt;= to 48 sq. in., ea dressing</b>			
K0258		YES	NO	Transparent film, >16 but <= to 48 sq. in., ea dressing	\$2.59	35	
K0259	N			<b>Transparent film, &gt;48 sq. in., ea dressing</b>			
K0259		YES	NO	Transparent film, >48 sq. in., ea dressing	\$4.87	35	
K0261	N			<b>Wound filler, not elsewhere classified, gel/paste, per fluid ounce</b>			
K0261		YES	NO	Wound filler, not elsewhere classified, gel/paste, per fluid ounce	\$0.19	35	
K0262	N			<b>Wound filler, not elsewhere classified, dry form, per gram</b>			
K0262		YES	NO	Wound filler, not elsewhere classified, dry form, per gram	\$0.19	90	
K0263	N			<b>Gauze, elastic, all types, per linear yard</b>			
K0263		YES	NO	Gauze, elastic, all types, per linear yard	\$0.15	300	
K0264	N			<b>Gauze, non-elastic, per linear yard</b>			
K0264		YES	NO	Gauze, non-elastic, per linear yard	\$0.20	300	
K0265	N			<b>Tape, all types, per 18 square inches</b>			
K0265		YES	NO	Tape, all types, per 18 square inches	\$0.11	150	
K0266	N			<b>Gauze, impregnated, other than water or normal saline, any width per li</b>			
K0266		YES	NO	Gauze, impregnated, other than water or normal saline, any width per linear yard	\$1.20	35	
K0267	Y			<b>Replacement battery, any type for use with medically necessary home b</b>			
K0267		NO	NO	Replacement battery, any type for use with medically necessary home blood glucose monitor owned by patient, each			D
K0267	10	NO	NO	Battery - 9 volt: each			D
K0267	20	NO	NO	Battery, Size J			D
K0277	N			<b>Skin barrier; solid 4x4 or equivalent, with built-in convexity, each</b>			
K0277		NO	NO	Skin barrier; solid 4x4 or equivalent, with built-in convexity, each	\$3.68	15	
K0278	N			<b>Skin barrier; with flange (solid, flexible or accordian), with built-in conv</b>			
K0278		NO	NO	Skin barrier; with flange (solid, flexible or accordian), with built-in convexity, any size, each	\$5.38	15	
K0280	N			<b>Extension drainage tubing, any type, any length, with conn/adaptor, for</b>			
K0280		NO	NO	Extension drainage tubing, any type, any length, with conn/adaptor, for use with urinary leg bag or urostomy pouch, each	\$2.01	4	
K0281	N			<b>Lubricant, individual sterile packet, for insertion of urinary catheter, eac</b>			
K0281		YES	NO	Lubricant, individual sterile packet, for insertion of urinary catheter, each	\$0.07	144	
K0283	N			<b>Saline solution, per 10ml metered dose dispenser, for use with inhalati</b>			
K0283		NO	NO	Saline solution, per 10ml metered dose dispenser, for use with inhalation drugs	\$0.34	200 total	
K0283	10	NO	NO	Sterile water, per 10ml metered dose dispenser, for use with inhalation drugs	\$0.34		
K0400	N			<b>Adhesive skin support attachment for use with external breast prosthes</b>			
K0400		NO	NO	Adhesive skin support attachment for use with external breast prosthesis, each	\$3.50	8	N
K0407	N			<b>Urinary catheter anchoring device, adhesive skin attachment</b>			
K0407		YES	NO	Urinary catheter anchoring device, adhesive skin attachment	\$0.48	35	
K0409	N			<b>Sterile water irrigation solution, 1000ml</b>			
K0409		YES	NO	Sterile water irrigation solution, 1000ml	\$8.69	35	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
<b>K0410</b>	N			<b>Male external catheter, with adhesive coating, each</b>			
K0410		YES	NO	Male external catheter, with adhesive coating, each			D
<b>K0411</b>	N			<b>Male external catheter, with adhesive strip, each</b>			
K0411		YES	NO	Male external catheter, with adhesive strip, each	\$0.95	35	
<b>W6400</b>	Y			<b>Applicators</b>			
W6400		YES	YES	Applicators		400 total	
W6400	10	YES	YES	Applicator - Cotton non-sterile	\$0.02		
W6400	20	YES	NO	Applicator - Cotton sterile	\$0.05		
<b>W6402</b>	Y			<b>Batteries</b>			
W6402		NO	NO	Batteries			
W6402	20	NO	NO	Battery NiCd 7.4volt	\$29.30	1	
<b>W6403</b>	Y			<b>Cotton balls per 100</b>			
W6403		YES	YES	Cotton balls per 100		3 total	
W6403	01	YES	YES	Cotton balls - non-sterile per 100	\$1.40		
W6403	10	YES	YES	Cotton balls - sterile per 100	\$2.79		
<b>W6404</b>	Y			<b>Disposable diapers, each</b>			
W6404		YES	NO	Disposable diapers, each		300 total	
W6404	10	YES	NO	Disposable diapers, adult, small, each	\$0.47		
W6404	20	YES	NO	Disposable diapers, adult, medium, each	\$0.56		
W6404	30	YES	NO	Disposable diapers, adult, large, each	\$0.67		
W6404	40	YES	NO	Disposable diapers, childrens, under 30 lbs, each	\$0.30		
W6404	50	YES	NO	Disposable diapers, childrens, over 30 lbs, each	\$0.51		
W6404	60	YES	NO	Disposable diaper liners, each			D
<b>W6405</b>	N			<b>Ear plugs, pair</b>			
W6405		NO	NO	Ear plugs, pair	\$1.67	1	
<b>W6406</b>	Y			<b>Enema bags/drains/sets</b>			
W6406		YES	NO	Enema bags/drains/sets			
W6406	10	YES	NO	Enema adm kit disp	\$2.03	15	
<b>W6408</b>	Y			<b>Nebulizers and Accessories</b>			
W6408		YES	NO	Nebulizers and Accessories			D
W6408	10	YES	NO	Nebulizer Kit prefilled			D
<b>W6409</b>	Y			<b>Otosopes and Accessories</b>			
W6409		YES	NO	Otosopes and Accessories			
W6409	10	YES	NO	Ear Powder Insufflator	\$16.74	1	
<b>W6410</b>				<b>Disposable diaper liners, each</b>			
W6410		YES	NO	Disposable diaper liners, each	\$0.45	200	N
<b>W6411</b>	Y			<b>Tracheostomy supplies</b>			
W6411		YES	NO	Tracheostomy supplies			
W6411	05	YES	NO	Trach, humid prefill 500ml	\$5.58	140	
W6411	10	YES	NO	Trach Portex Humid filter	\$6.11	60	
W6411	20	YES	NO	Trach Plug	\$5.86	4	
W6411	30	YES	NO	Trach Sof-wick spng 2x2	\$0.14	300	
W6411	40	YES	NO	Trach Sof-wick spng 4x4	\$0.33	300	
W6411	50	YES	NO	Trach Valve diaphragm	\$26.75	1	
W6411	60	YES	NO	Trach Valve housing	\$4.88	4	
W6411	70	YES	NO	Trach Concha Columns	\$22.32	6	
W6411	80	YES	NO	Trach Secures	\$5.58	15	
W6411	90	YES	NO	Trach T-Piece	\$0.38	6	
<b>W6412</b>	Y			<b>Incontinence Pants/Liners - Reusable</b>			
W6412		YES	NO	Incontinence Pants/Liners - Reusable		2 total	
W6412	10	YES	NO	Incontinence Pant - Reusable	\$8.37		
W6412	20	YES	NO	Incontinence Liner - Reusable	\$5.58		
W6412	30	YES	NO	Incontinence Pant w/Liner - Reusable	\$12.56		

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
 NEW COLUMN - N = NEW, C= CHANGE, D= DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY	
						ALLOWED/MO	NEW
<b>W6413</b>	Y			<b>Filters</b>			
W6413		YES	NO	Filters			
W6413	10	YES	NO	Filter Ventilator	\$2.93	4	C
W6413	20	YES	NO	Filter Air/Bacteria	\$6.99	1	C
<b>W6499</b>	Y			<b>Not otherwise classified - Disp Supplies - requires PA</b>			
W6499		NO	NO	Not otherwise classified - Disp Supplies - requires PA			
<b>W6910</b>	N			<b>Battery, hearing aid: Mercury 164</b>			
W6910		NO	NO	Battery, hearing aid: Mercury 164	\$0.84	12 total W6910 - W6955	
<b>W6911</b>	N			<b>Battery, hearing aid: Silver 76 - standard</b>			
W6911		NO	NO	Battery, hearing aid: Silver 76 - standard	\$1.97		
<b>W6912</b>	N			<b>Battery, hearing aid: Silver 13 - standard</b>			
W6912		NO	NO	Battery, hearing aid: Silver 13 - standard	\$1.19		
<b>W6914</b>	N			<b>Battery, hearing aid: Silver 312 - standard</b>			
W6914		NO	NO	Battery, hearing aid: Silver 312 - standard	\$0.65		
<b>W6915</b>	N			<b>Battery, hearing aid: Mercury 13 - standard</b>			
W6915		NO	NO	Battery, hearing aid: Mercury 13 - standard	\$0.62		
<b>W6916</b>	N			<b>Battery, hearing aid: Mercury 41 - standard</b>			
W6916		NO	NO	Battery, hearing aid: Mercury 41 - standard	\$0.71		
<b>W6917</b>	N			<b>Battery, hearing aid: Mercury 132 - standard</b>			
W6917		NO	NO	Battery, hearing aid: Mercury 132 - standard	\$3.71		
<b>W6918</b>	N			<b>Battery, hearing aid: Mercury 312 - standard</b>			
W6918		NO	NO	Battery, hearing aid: Mercury 312 - standard	\$0.73		
<b>W6919</b>	N			<b>Battery, hearing aid: Mercury 401 - standard</b>			
W6919		NO	NO	Battery, hearing aid: Mercury 401 - standard	\$1.57		
<b>W6920</b>	N			<b>Battery, hearing aid: Mercury 502 - standard</b>			
W6920		NO	NO	Battery, hearing aid: Mercury 502 - standard	\$1.60		
<b>W6922</b>	N			<b>Battery, hearing aid: Mercury 675 - standard</b>			
W6922		NO	NO	Battery, hearing aid: Mercury 675 - standard	\$0.98		
<b>W6923</b>	N			<b>Battery, hearing aid: Zinc-carbon-standard</b>			
W6923		NO	NO	Battery, hearing aid: Zinc-carbon-standard	\$1.81		
<b>W6924</b>	N			<b>Battery, hearing aid: Silver 76 - binaural</b>			
W6924		NO	NO	Battery, hearing aid: Silver 76 - binaural	\$1.97		
<b>W6925</b>	N			<b>Battery, hearing aid: Silver 13 - binaural</b>			
W6925		NO	NO	Battery, hearing aid: Silver 13 - binaural	\$1.19		
<b>W6926</b>	N			<b>Battery, hearing aid: Silver 41 - binaural</b>			
W6926		NO	NO	Battery, hearing aid: Silver 41 - binaural	\$1.21		
<b>W6927</b>	N			<b>Battery, hearing aid: Silver 312 - binaural</b>			
W6927		NO	NO	Battery, hearing aid: Silver 312 - binaural	\$0.65		
<b>W6928</b>	N			<b>Battery, hearing aid: Mercury 13 - binaural</b>			
W6928		NO	NO	Battery, hearing aid: Mercury 13 - binaural	\$0.62		
<b>W6929</b>	N			<b>Battery, hearing aid: Mercury 41 - binaural</b>			
W6929		NO	NO	Battery, hearing aid: Mercury 41 - binaural	\$0.71		
<b>W6930</b>	N			<b>Battery, hearing aid: Mercury 132 - binaural</b>			
W6930		NO	NO	Battery, hearing aid: Mercury 132 - binaural	\$3.71		
<b>W6931</b>	N			<b>Battery, hearing aid: Mercury 312 - binaural</b>			
W6931		NO	NO	Battery, hearing aid: Mercury 312 - binaural	\$0.73		
<b>W6932</b>	N			<b>Battery, hearing aid: Mercury 401 - binaural</b>			
W6932		NO	NO	Battery, hearing aid: Mercury 401 - binaural	\$1.57		

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART 1

CODES BILLABLE ON THE HCFA 1500

8/01/96

11-Jun-96

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		
					MAX FEE	ALLOWED/MO	NEW
<b>W6933</b>	N			<b>Battery, hearing aid: Mercury 502 - binaural</b>			
W6933		NO	NO	Battery, hearing aid: Mercury 502 - binaural	\$1.60		
<b>W6934</b>	N			<b>Battery, hearing aid: Mercury 675 - binaural</b>			
W6934		NO	NO	Battery, hearing aid: Mercury 675 - binaural	\$0.98		
<b>W6935</b>	N			<b>Battery, hearing aid: Zinc-carbon - binaural</b>			
W6935		NO	NO	Battery, hearing aid: Zinc-carbon - binaural	\$1.81		
<b>W6936</b>	N			<b>Battery, hearing aid Alkaline 500- binaural</b>			
W6936		NO	NO	Battery, hearing aid Alkaline 500- binaural	\$0.98		
<b>W6937</b>	N			<b>Battery, hearing aid: Zinc Air 13za - binaural</b>			
W6937		NO	NO	Battery, hearing aid: Zinc Air 13za - binaural	\$1.46		
<b>W6938</b>	N			<b>Battery, hearing aid: Zinc Air 675 za -binaural</b>			
W6938		NO	NO	Battery, hearing aid: Zinc Air 675 za -binaural	\$1.13		
<b>W6939</b>	N			<b>Battery, hearing aid: Zinc Air 312 - binaural</b>			
W6939		NO	NO	Battery, hearing aid: Zinc Air 312 - binaural	\$1.31		
<b>W6942</b>	N			<b>Battery, hearing aid: Alkaline 500 - standard</b>			
W6942		NO	NO	Battery, hearing aid: Alkaline 500 - standard	\$0.98		
<b>W6943</b>	N			<b>Battery, hearing aid: Zinc-Air 13za</b>			
W6943		NO	NO	Battery, hearing aid: Zinc-Air 13za	\$1.46		
<b>W6944</b>	N			<b>Battery, hearing aid: Zinc-Air 675za - standard</b>			
W6944		NO	NO	Battery, hearing aid: Zinc-Air 675za - standard	\$1.13		
<b>W6945</b>	N			<b>Battery, hearing aid: Activair</b>			
W6945		NO	NO	Battery, hearing aid: Activair	\$1.16		
<b>W6955</b>	N			<b>Battery, hearing aid: Zinc-Air 312 - standard</b>			
W6955		NO	NO	Battery, hearing aid: Zinc-Air 312 - standard	\$1.31		
<b>XX004</b>	N			<b>Urinary intermittent catheter with insertion tray</b>			
XX004		YES	NO	Urinary intermittent catheter with insertion tray	\$3.50	150 total	N
XX004	10	YES	NO	Urinary intermittent catheter with insertion tray - touchless system	\$4.80		N
<b>XX006</b>	N			<b>Ostomy deodorant, all types, per ounce</b>			
XX006		NO	NO	Ostomy deodorant, all types, per ounce	\$1.05	16	N
<b>XX007</b>	N			<b>Adhesive remover wipes, 50 per box</b>			
XX007		NO	YES	Adhesive remover wipes, 50 per box	\$8.50	1	N

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART II

CODES BILLABLE ON THE DRUG CLAIM FORM

8/01/96

11-Jun-96

CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWE	NEW
98000-0000-01	YES	NO	Container Dispose 1gal	\$4.97	2	
98000-0000-00	YES	NO	Container Dispose 1qt	\$3.95	2	
98000-0000-02	YES	NO	Container Dispose 2gal	\$6.05	1	
98000-0000-03	YES	NO	Container Dispose 8gal	\$19.23	1	
55948-0374-01	YES	NO	Insulin Disp Adaptors	\$3.69	1	
97001-0803-14	NO	NO	IV Adapter w/inj sites	\$7.33	35	
97001-0801-00	NO	NO	IV Adm Drug Reservoir Bag	\$9.07	35	
97001-0801-12	NO	NO	IV Adm Res Cassette 100ML	\$30.97	35	
97001-0801-11	NO	NO	IV Adm Res Cassette 50ML	\$21.53	35	
97001-0801-13	NO	NO	IV Adm Res Remote Adapt	\$29.30	35	
97001-0801-10	NO	NO	IV Adm Reservoir Bag W/Tube	\$13.67	35	
97001-0801-06	NO	NO	IV Adm Set (PCA)	\$25.47	35	
97001-0802-00	NO	NO	IV Adm Set (Pump Set)	\$11.58	35	
97001-0801-05	NO	NO	IV Adm Set (Secondary)	\$3.49	35	
97001-0803-00	NO	NO	IV Adm Set connector loop	\$1.26	12	
97001-0800-14	NO	NO	IV Adm Set ext w/inj site	\$5.02	35	
97001-0800-12	NO	NO	IV Adm Set Extension	\$3.14	35	
97001-0800-02	NO	NO	IV Adm Set LVP W/Filter	\$25.53	35	
97001-0800-01	NO	NO	IV Adm Set LVP-Ambulatory	\$16.68	35	
97001-0801-04	NO	NO	IV Adm Set W/Filter	\$15.90	35	
97001-0801-03	NO	NO	IV Adm Set Y-Type	\$9.07	35	
97001-0800-03	NO	NO	IV Adm Subq 42" Softset	\$10.60	35	
97001-0801-02	NO	NO	IV Adm Y-Connector	\$7.12	35	
97001-0801-21	NO	NO	IV Adm Y-Type Access Pin/Valve	\$2.65	12	
91000-1112-74	NO	NO	IV Adm. Set Hypodermoclysis	\$6.21	35	
97001-0800-00	NO	NO	IV Adm. Set Microdrip	\$4.19	35	
97001-4968-02	NO	NO	IV Admin. Piggyback w/bkck	\$15.46	35	
97001-4968-01	NO	NO	IV Admin. Set-Piggyback	\$7.67	35	
97001-0800-10	NO	NO	IV Administration Kit/W Tube	\$4.19	35	
91000-0001-35	NO	NO	IV Butterfly Intermittent	\$2.57	10	
97007-0001-01	NO	NO	IV Button Infuser	\$2.37	12	
90000-2032-11	NO	NO	IV Cannula Blunt	\$0.42	100	
97001-0804-04	NO	NO	IV Cath Placement Unit	\$32.33	12	
97001-0804-03	NO	NO	IV Cath Plug	\$1.40	35	
97001-0804-05	NO	NO	IV Catheter	\$4.19	35	
97001-0804-06	NO	NO	IV Catheter Clamp	\$1.05	4	
97002-1000-14	NO	NO	IV Catheter Intro Needle	\$21.88	2	
97002-1000-15	NO	NO	IV Catheter Midline	\$54.41	2	
97002-1000-13	NO	NO	IV Catheter P-Q Set-Up Tray PICC	\$82.67	2	
97002-1000-11	NO	NO	IV Catheter PICC Line	\$69.62	2	C
97002-1000-12	NO	NO	IV Catheter PICC Line 3.8 FR			D
91000-0002-50	NO	NO	IV Catheter White Replacement Conn	\$9.77	1	
97001-0803-05	NO	NO	IV Dispensing Pin	\$1.95	35	
97001-0803-13	NO	NO	IV Ext Set T-Conn/inj site	\$5.93	35	
97001-0803-11	NO	NO	IV Ext Set w/adaptor & clamp	\$3.63	35	
97001-0803-12	NO	NO	IV Ext Set w/adaptor & inj site	\$5.44	35	
95000-0000-01	NO	NO	IV Filter	\$0.61	12	
95000-0000-03	NO	NO	IV Filter Inline	\$1.67	12	
95000-0000-02	NO	NO	IV Filter Mico	\$2.17	12	
97001-0803-03	NO	NO	IV Fluid Dispense Connector	\$0.88	35	
96000-1199-02	NO	NO	IV Inf St W/Huber Needle *B	\$4.88	12	
97007-0200-00	NO	NO	IV Infuser Device >1hr <24hr	\$21.62	35	C
97007-0200-11	NO	NO	IV Infuser Device >24H-48HR	\$62.78	12	
97007-0200-09	NO	NO	IV Infuser Device >48hour	\$90.23	4	C
97007-0200-10	NO	NO	IV Infuser Device 24 Hour	\$36.27	12	
97007-0200-01	NO	NO	IV Infuser-Pt Control Module	\$19.27	12	
97001-0804-02	NO	NO	IV Inj Cap	\$1.75	35	
96000-1199-01	NO	NO	IV Injection Site (Vicra)	\$2.45	12	

# = Supplies used to prepare IV/IM drugs at a pharmacy are not part of the NH daily rate.

NEW COLUMN - N = NEW, C = CHANGE, D = DELETED

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS) PART II

CODES BILLABLE ON THE DRUG CLAIM FORM

8/01/96

11-Jun-96

CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWE	NEW
90000-2032-09	NO	NO	IV Lifeshield Connector	\$2.79	35	
97007-0100-00	NO	NO	IV Luer Adapter	\$0.33	70	
97007-0200-02	NO	NO	IV Needle Infuser 0-60 min	\$10.46	35	C
97007-0200-03	NO	NO	IV Needleless Cannula	\$0.45	70	
97007-0200-06	NO	NO	IV Needleless Inject Site	\$1.73	70	
97007-0200-04	NO	NO	IV Needleless Leuer Lok	\$0.80	70	
97007-0200-44	NO	NO	IV Needleless system	\$6.28	35	
97007-0200-05	NO	NO	IV Needleless Threaded Lok	\$0.88	70	
97001-0803-10	NO	NO	IV Set w.conn loop & inj site	\$4.54	35	
97007-0200-07	NO	NO	IV Site Cap Male Non-vent	\$0.27	70	
97007-0200-08	NO	NO	IV Site Cap Male/Female Conn.	\$0.41	70	
97001-0804-01	NO	NO	IV Start Kit (No Cath)	\$4.19	12	
97001-0803-01	NO	NO	IV Transfer Set	\$6.42	35	
97001-0803-02	NO	NO	IV Transfer Set W/Needle	\$9.21	12	
91100-9779-01	NO	NO	IV Universal Cath Accs Prt	\$9.39	8	
97001-0804-07	NO	NO	IV Value Luer Tapered	\$1.95	12	
90000-5050-01	NO	NO	IV Vial Adapter	\$2.03	12	
96000-9503-02	YES#	NO	Needle (Huber)	\$2.79	12	
96000-9503-04	YES#	NO	Needle (Huber) 6"	\$4.88	12	
96000-9503-03	YES#	NO	Needle (Huber) 7"	\$3.79	12	
96000-9503-05	NO	NO	Needle Filter 1 1/2"	\$0.49	12	
96000-9000-20	NO	NO	Needle, Cath Strgt Metal Hub	\$4.19	4	
97007-0400-21	YES#	NO	Needles Disp/All Sizes	\$0.13	200	
96000-9000-19	YES#	NO	Needles Reusable	\$1.31	12	
00003-1875-35	YES	NO	Novolinpen	\$46.46	1Q3MO	
97007-0120-20	NO	NO	Pen Pump Infuser Catheter Set	\$2.45	12	
97007-0050-10	NO	NO	Pen Pump Infuser Comb. Unit	\$4.88	12	
88888-8888-88	NO	NO	Prior Auth Drugs/Med Supplies			
97007-0100-10	YES#	NO	Syringe 10CC Disp	\$0.24	60	
97007-0100-01	YES#	NO	Syringe 1CC Disp	\$0.24	60	
97007-0100-20	YES#	NO	Syringe 20CC Disp	\$0.67	60	
96000-8486-30	YES#	NO	Syringe 2CC Disp	\$0.19	60	
97007-0100-30	YES#	NO	Syringe 30CC Disp	\$0.72	60	
97007-0100-03	YES#	NO	Syringe 3CC Disp	\$0.18	60	
91000-0003-48	YES#	NO	Syringe 50/60CC	\$1.23	35	
97007-0100-50	YES#	NO	Syringe 50CC Disp	\$1.23	35	
97007-0100-05	YES#	NO	Syringe 5CC Disp	\$0.20	60	
96000-5603-51	YES#	NO	Syringe 6CC Disp	\$0.20	60	
91000-0003-42	YES#	NO	Syringe Cath Tip 50C Aseptio			D
91000-0003-43	YES#	NO	Syringe Cath Tip 60CC	\$2.09	35	
96000-9501-10	YES#	NO	Syringe Glasstip 10 Y			D
96000-9501-02	YES#	NO	Syringe Glasstip 2 Y			D
96000-9501-20	YES#	NO	Syringe Glasstip 20 Y			D
96000-9501-05	YES#	NO	Syringe Glasstip 5 Y			D
97007-0300-00	YES	NO	Syringe Insulin All sizes	\$0.20	100	
97007-8471-30	YES	NO	Syringe Insulin Lo Dose	\$0.20	100	
96000-9503-01	YES#	NO	Syringe Luer Tip	\$0.42	100	
96000-9502-10	YES#	NO	Syringe Lurloc 10 YL			D
96000-9502-02	YES#	NO	Syringe Lurloc 2 YL			D
96000-9502-20	YES#	NO	Syringe Lurloc 20 YL			D
96000-9502-05	YES#	NO	Syringe Lurloc 5 YL			D
96000-9500-10	YES#	NO	Syringe Multifit 10 ML	\$14.79	2	
96000-9500-02	YES#	NO	Syringe Multifit 2 ML	\$8.93	2	
96000-9500-05	YES#	NO	Syringe Multifit 5 ML	\$11.36	2	
91000-0003-60	YES#	NO	Syringe/Reservoir 3ml	\$3.07	35	
91000-0003-57	YES#	NO	Syringe/Reservoir Insulin	\$2.09	70	

# = Supplies used to prepare IV/IM drugs at a pharmacy are not part of the NH daily rate.

NEW COLUMN - N = NEW, C = CHANGE, D = DELETED