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# WISCONSIN MEDICAID UPDATE

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MARCH 18, 1997

UPDATE 97-11

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

## Revised DMS Index

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### Changes to the revised DMS Index

#### Changes effective May 1, 1997

Changes to the DMS (Disposable Medical Supplies) Index are effective for dates of service on and after May 1, 1997. Refer to this update as well as the attached DMS Index for the changes.

#### Changes due to 1997 HCPCS update

The following procedure code changes result from the 1997 HCPCS (HCFA Common Procedure Coding System) update.

1. There are some new catheter and ostomy codes. Each code replaces an existing code for the same supply:
  - A4353, intermittent urinary catheter, with insertion supplies, replaces XX004, which is deleted.
  - A4365, ostomy adhesive remover wipes, 50 per box, replaces XX007, which is deleted.
  - A4368, ostomy filter, any type, each, replaces A4421, modifier 55, which is deleted.
  - K0438, ostomy deodorant for use in ostomy pouch, liquid per fluid ounce, replaces XX006, which is deleted.

2. A new code is added:

- K0439, ostomy deodorant for use in ostomy pouch, solid, per tablet.

3. The codes for most dressings have been converted from "K-codes" to "A-codes" with the same descriptions. Codes in the range K0196 through K0266 are replaced by codes ranging from A6196 through A6266. (See attached DMS Index for specifics.)

Minor description changes include:

- A4398, ostomy irrigation supply; bag, each.
- A4399, ostomy irrigation supply; cone/catheter, including brush.
- A5102, bedside drainage bottle with or without tubing, rigid or expandable, each.

#### Other changes

The other changes are:

- K0410, male external catheter, with adhesive coating, is added.
- A4338, modifiers 10 and 20, catheter, foley, coated latex. The word "teflon" was removed from the description to allow other coatings in addition to teflon, such as silicone.
- A4624, modifier 50, trach Vapo-Trans chamber. The quantity allowed is changed to six per month.

## **Clarification on the use of diaper liners**

There has been some misunderstanding of what a diaper liner is and its uses. A disposable diaper liner (W6410) is a tissue-like insert which is placed inside a diaper to catch stool for easy removal and prevent stool from soiling the diaper. It is not a pad; it would be inappropriate and ineffective to use a diaper liner for additional absorbency. Diaper liners are generally used with cloth diapers. Wisconsin Medicaid covers cloth diapers (W6756) as a durable medical equipment (DME) item. Refer to the DME Index for information.

## KEY FOR READING THE INDEX OF DISPOSABLE MEDICAL SUPPLIES

The Index of Disposable Medical Supplies (DMS) consists of two parts and contains information necessary for proper billing of DMS. Part I contains Health Care Financing Administration Common Procedure Coding System (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

05/01/97

13-Mar-97

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

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY	
					MAX FEE	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, coated latex 5cc	\$6.42	C
A4338	20	YES	NO	Catheter, foley, coated latex 30cc	\$8.45	C
<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 total A4351 - A4353
<b>A4352</b>	N			<b>Intermittent urinary catheter; coude (curved tip)</b>		
A4352		YES	NO	Intermittent urinary catheter; coude (curved tip)	\$2.84	
<b>A4353</b>	N			<b>Intermittent urinary catheter, w/insertion supplies</b>		
A4353		YES	NO	Intermittent urinary catheter, w/insertion supplies	\$3.50	N
A4353	10	YES	NO	Urinary intermittent catheter with insertion tray - touchless system	\$4.80	N
<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	30	YES	NO	Leg bag w/valve	\$4.19	
A4358	50	YES	NO	Urinal female thigh bag	\$5.93	

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY	
						ALLOWED/MO	NEW
A4358	60	YES	NO	Urinary pouch	\$4.68		
A4358	70	YES	NO	Pouch drainable clamp	\$2.15		
<b>A4359</b>	<b>N</b>			<b>Urinary suspensory without leg bag</b>			
A4359		YES	NO	Urinary suspensory without leg bag	\$22.49	1	
<b>A4361</b>	<b>N</b>			<b>Ostomy face plate</b>			
A4361		NO	NO	Ostomy face plate	\$19.81	2 total	
A4361	20	NO	NO	Hypalon face plate	\$31.39		
<b>A4362</b>	<b>N</b>			<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	
<b>A4364</b>	<b>N</b>			<b>Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, po</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		
<b>A4365</b>	<b>N</b>			<b>Ostomy adhesive remover wipes, 50 per box (ostomy use only)</b>			
A4365		NO	YES	Ostomy adhesive remover wipes, 50 per box (ostomy use only)	\$8.50	1	N
<b>A4367</b>	<b>N</b>			<b>Ostomy belt</b>			
A4367		NO	NO	Ostomy belt	\$6.98	2 total	
A4367	50	NO	NO	Ostomy belt retainer ring	\$2.86		
<b>A4368</b>	<b>N</b>			<b>Ostomy filter, any type, each</b>			
A4368		NO	NO	Ostomy filter, any type, each	\$2.79	4	N
<b>A4397</b>	<b>N</b>			<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		
<b>A4398</b>	<b>N</b>			<b>Ostomy irrigation supply; bag, each</b>			
A4398		NO	NO	Ostomy irrigation supply; bag, each	\$13.41	2	C
<b>A4399</b>	<b>N</b>			<b>Ostomy irrigation supply; cone/catheter, including brush</b>			
A4399		NO	NO	Ostomy irrigation supply; cone/catheter, including brush	\$11.86	1	C
A4399	30	NO	NO	Irrigation drainage tube w/connector	\$2.31	4	
<b>A4402</b>	<b>N</b>			<b>Lubricant per ounce</b>			
A4402		YES	YES	Lubricant per ounce	\$1.79	4	
<b>A4404</b>	<b>N</b>			<b>Ostomy ring, each</b>			
A4404		NO	NO	Ostomy ring, each	\$1.79	10	
<b>A4421</b>	<b>Y</b>			<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			D
A4421	60	NO	NO	Loop Gasket Assembly	\$6.98	8	
A4421	65	NO	NO	Mucospense 120ml	\$5.58	1	
A4421	75	NO	NO	Cohesive seal	\$4.26	4	
A4421	85	NO	NO	Drainage Connector	\$1.53	15	
<b>A4455</b>	<b>Y</b>			<b>Adhesive remover or solvent (for tape, cement or other adhesive) per o</b>			

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
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	30	NO	YES	Adhesive remover aerosol per oz	\$2.65		
<b>A4460</b>	<b>N</b>			<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		
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		
A4580	04	YES	NO	Stockinette - 3", per roll	\$3.92		
A4580	05	YES	NO	Stockinette - 6", per roll	\$5.53		
<b>A4595</b>	<b>Y</b>			<b>Tens supplies, 2 lead, per month</b>			
A4595				Tens supplies, 2 lead, per month			
A4595	10	YES	NO	Electrodes, disposable	\$1.75	60	
A4595	20	YES	NO	Electrodes, multi use	\$2.65	10	
A4595	30	YES	NO	Electrodes, sterile	\$7.67	15	
A4595	40	YES	NO	Electrode foam adhesive patches	\$0.45	100	
A4595	50	YES	NO	Tens gel	\$5.30	1	
<b>A4615</b>	<b>N</b>			<b>Cannula nasal (with oxy tubing 7')</b>			
A4615		YES	NO	Cannula nasal (with oxy tubing 7')	\$2.36	6	
A4615	10	YES	NO	Oxygen mask	\$0.91	6	
A4615	20	YES	NO	Oxygen tubing 25'	\$1.94	6	
<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		

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY	
					MAX FEE	ALLOWED/MO NEW
A4616	40	YES	NO	Lo-Profile drain tube	\$5.44	
A4616	50	YES	NO	Tubing latex amber, per 5 foot length	\$2.12	
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>		
A4619		YES	NO	Face tent	\$6.05	4
<b>A4620</b>	<b>N</b>			<b>Variable concentration mask</b>		
A4620		YES	NO	Variable concentration mask	\$2.78	4
<b>A4621</b>	<b>N</b>			<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	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 adapter	\$0.68	
<b>A4622</b>	<b>Y</b>			<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 adapter	\$18.32	4
A4622	32	YES	NO	Trach swivel adapter	\$1.87	20
A4622	40	YES	NO	Trach vol vent circuits	\$4.54	15
A4622	50	YES	NO	Trach therm w/T-adapter	\$3.35	35
A4622	55	YES	NO	Trach tubing cuff connector	\$1.86	20
A4622	60	YES	NO	Trach tube fenestrated	\$50.78	1
A4622	65	YES	NO	Trach flex tube 6"	\$0.93	20
A4622	70	YES	NO	Trach tubing Corrug/Aersl 100'	\$15.00	2
<b>A4623</b>	<b>N</b>			<b>Tracheotomy, inner cannula (replacement only)</b>		
A4623		YES	NO	Tracheotomy, inner cannula (replacement only)	\$5.52	35
<b>A4624</b>	<b>Y</b>			<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
A4624	30	YES	NO	Trach suction kit w/saline	\$1.76	300 total mod 10&30
A4624	40	YES	NO	Trach tubing conn/suction	\$4.93	12
A4624	50	YES	NO	Trach Vapo-Trans Chamber	\$11.16	6 C
<b>A4625</b>	<b>N</b>			<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>	<b>N</b>			<b>Tracheotomy cleaning brush, each</b>		
A4626		YES	NO	Tracheotomy cleaning brush, each	\$2.50	2
<b>A4627</b>	<b>N</b>			<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>	<b>N</b>			<b>Oropharyngeal suction catheter, each</b>		
A4628		YES	NO	Oropharyngeal suction catheter, each	\$2.65	8
<b>A4629</b>	<b>N</b>			<b>Tracheotomy care kit for established tracheotomy</b>		
A4629		YES	NO	Tracheotomy care kit for established tracheotomy	\$3.70	100
<b>A4649</b>	<b>Y</b>			<b>Surgical supply; misc</b>		
A4649		YES	NO	Surgical supply; misc		
A4649	10	YES	NO	Finger cots, latex - Each	\$0.03	144

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
<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		
<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	\$0.63		
A4927	30	YES	YES	Gloves, vinyl, non-sterile, per pair	\$0.17		
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>			

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY	
						ALLOWED/MO	NEW
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>			
A5093		NO	NO	Ostomy accessory; convex insert	\$1.67	10	
<b>A5102</b>	N			<b>Bedside drainage bottle with or w/o tubing, rigid or expandable, each</b>			
A5102		YES	NO	Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$24.02	1	C
<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>A6196</b>	N			<b>Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing</b>			
A6196		YES	NO	Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$9.04	60	N
<b>A6197</b>	N			<b>Alginate dressing, wound cover, pad size &gt;16 but &lt;= to 48 sq. in., each dressing</b>			
A6197		YES	NO	Alginate dressing, wound cover, pad size >16 but <= to 48 sq. in., each dressing	\$14.36	35	N
<b>A6198</b>	N			<b>Alginate dressing, wound cover, pad size &gt;48 sq. in., each dressing</b>			
A6198		YES	NO	Alginate dressing, wound cover, pad size >48 sq. in., each dressing	\$104.64	1	N
<b>A6199</b>	N			<b>Alginate dressing, wound filler, per 6 inches</b>			
A6199		YES	NO	Alginate dressing, wound filler, per 6 inches	\$4.08	60	N
<b>A6203</b>	N			<b>Composite dressing, pad size 16 sq. in. or less w/any size adh border, ea dressing</b>			
A6203		YES	NO	Composite dressing, pad size 16 sq. in. or less w/any size adh border, ea dressing	\$1.47	35	N
<b>A6204</b>	N			<b>Composite dressing, pad size &gt;16 but &lt;= 48 sq. in. w/any size adh bord</b>			
A6204		YES	NO	Composite dressing, pad size >16 but <= 48 sq. in. w/any size adh border, ea dressing	\$2.58	35	N
<b>A6205</b>	N			<b>Composite dressing, pad size &gt;48 sq. in. w/any size adh border, ea dres</b>			
A6205		YES	NO	Composite dressing, pad size >48 sq. in. w/any size adh border, ea dressing	\$4.25	35	N
<b>A6206</b>	N			<b>Contact layer, 16 sq in., or less, ea dressing</b>			
A6206		YES	NO	Contact layer, 16 sq in., or less, ea dressing	\$0.90	35	N

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY		
					MAX FEE	ALLOWED/MO	NEW
A6207	N			Contact layer, >16 but <= to 48 sq in., ea dressing			
A6207		YES	NO	Contact layer, >16 but <= to 48 sq in., ea dressing	\$1.56	35	N
A6208	N			Contact layer, >48 sq. in., ea dressing			
A6208		YES	NO	Contact layer, >48 sq. in., ea dressing	\$3.18	35	N
A6209	N			Foam dressing, wound cover pad size 16 sq. in., or less, w/o adh borde			
A6209		YES	NO	Foam dressing, wound cover pad size 16 sq. in., or less, w/o adh border, ea dressing	\$4.96	35	N
A6210	N			Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh			
A6210		YES	NO	Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$9.65	35	N
A6211	N			Foam dressing, wound cover, pad size >48 sq. in., w/o adh border, ea d			
A6211		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$24.22	12	N
A6212	N			Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border,			
A6212		YES	NO	Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border, ea dressing	\$6.16	35	N
A6213	N			Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh b			
A6213		YES	NO	Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$9.67	35	N
A6214	N			Foam dressing, wound cover, pad size >48 sq. in., w/adh border, ea dre			
A6214		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$13.61	12	N
A6215	N			Foam dressing, wound filler, per gram			
A6215		YES	NO	Foam dressing, wound filler, per gram	\$2.17	35	N
A6216	N			Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea			
A6216		YES	NO	Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea dressing	\$0.07	400	N
A6217	N			Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/o adh bord			
A6217		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$0.33	400	N
A6218	N			Gauze, non-impregnated, pad size >48 sq. in., w/o adh border, ea dressi			
A6218		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/o adh border, ea dressing	\$0.54	200	N
A6219	N			Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea d			
A6219		YES	NO	Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea dressing	\$0.25	200	N
A6220	N			Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/adh borde			
A6220		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$0.61	100	N
A6221	N			Gauze, non-impregnated, pad size >48 sq. in., w/adh border, ea dressin			
A6221		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/adh border, ea dressing	\$1.02	60	N
A6222	N			Gauze, impregnated, other than water or normal saline, pad size 16 sq.			
A6222		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	N
A6223	N			Gauze, impregnated, other than water or normal saline, pad size >16 bu			
A6223		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	N
A6224	N			Gauze, impregnated, other than water or normal saline, pad size >48 sq			
A6224		YES	NO	Gauze, impregnated, other than water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing	\$2.36	60	N
A6228	N			Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less,			
A6228		YES	NO	Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$0.53	60	N

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
A6229	N			Gauze, impregnated, water or normal saline, pad size >16 but <= to 48 s			
A6229		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	N
A6230	N			Gauze, impregnated, water or normal saline, pad size >48 sq. in., w/o a			
A6230		YES	NO	Gauze, impregnated, water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing	\$2.79	60	N
A6234	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o ad			
A6234		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$4.23	35	N
A6235	N			Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w			
A6235		YES	NO	Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$9.91	35	N
A6236	N			Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/o adh bord			
A6236		YES	NO	Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$18.22	12	N
A6237	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/adh			
A6237		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/adh border, ea dressing	\$4.17	35	N
A6238	N			Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in.,			
A6238		YES	NO	Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$15.78	35	N
A6239	N			Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/adh border			
A6239		YES	NO	Hydrocolloid dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$16.97	12	N
A6240	N			Hydrocolloid dressing, wound filler, paste, per fluid ounce			
A6240		YES	NO	Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$7.40	12	N
A6241	N			Hydrocolloid dressing, wound filler, dry form, per gram			
A6241		YES	NO	Hydrocolloid dressing, wound filler, dry form, per gram	\$1.39	12	N
A6242	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/o adh bo			
A6242		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/o adh border, ea dressing	\$4.42	35	N
A6243	N			Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o			
A6243		YES	NO	Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$8.35	35	N
A6244	N			Hydrogel dressing, wound cover, pad size >48 sq. in., w/o adh border, e			
A6244		YES	NO	Hydrogel dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$16.47	12	N
A6245	N			Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/adh bord			
A6245		YES	NO	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, w/adh border, ea dressing	\$6.05	35	N
A6246	N			Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/ad			
A6246		YES	NO	Hydrogel dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$10.71	12	N
A6247	N			Hydrogel dressing, wound cover, pad size >48 sq. in., w/adh border, ea			
A6247		YES	NO	Hydrogel dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$19.76	12	N
A6248	N			Hydrogel dressing, wound filler, gel, per fluid ounce			
A6248		YES	NO	Hydrogel dressing, wound filler, gel, per fluid ounce	\$11.85	6	N
A6251	N			Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less,			
A6251		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less, w/o adh border, ea dressing	\$1.53	60	N
A6252	N			Specialty absorptive dressing, wound cover, pad size >16 but <= to 48			

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
A6252		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing	\$1.61	60	N
<b>A6253</b>	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;48 sq. in., w/o a</b>			
A6253		YES	NO	Specialty absorptive dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing	\$3.93	60	N
<b>A6254</b>	N			<b>Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less</b>			
A6254		YES	NO	Specialty absorptive dressing, wound cover, pad size 16 sq. in., or less w/adh border, ea dressing	\$1.17	60	N
<b>A6255</b>	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;16 but &lt;= to 48</b>			
A6255		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing	\$1.69	60	N
<b>A6256</b>	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;48 sq. in., w/adh</b>			
A6256		YES	NO	Specialty absorptive dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing	\$2.23	60	N
<b>A6257</b>	N			<b>Transparent film, 16 sq. in., or less, ea dressing</b>			
A6257		YES	NO	Transparent film, 16 sq. in., or less, ea dressing	\$0.41	60	N
<b>A6258</b>	N			<b>Transparent film, &gt;16 but &lt;= to 48 sq. in., ea dressing</b>			
A6258		YES	NO	Transparent film, >16 but <= to 48 sq. in., ea dressing	\$2.59	35	N
<b>A6259</b>	N			<b>Transparent film, &gt;48 sq. in., ea dressing</b>			
A6259		YES	NO	Transparent film, >48 sq. in., ea dressing	\$4.87	35	N
<b>A6261</b>	N			<b>Wound filler, not elsewhere classified, gel/paste, per fluid ounce</b>			
A6261		YES	NO	Wound filler, not elsewhere classified, gel/paste, per fluid ounce	\$0.19	35	N
<b>A6262</b>	N			<b>Wound filler, not elsewhere classified, dry form, per gram</b>			
A6262		YES	NO	Wound filler, not elsewhere classified, dry form, per gram	\$0.19	90	N
<b>A6263</b>	N			<b>Gauze, elastic, all types, per linear yard</b>			
A6263		YES	NO	Gauze, elastic, all types, per linear yard	\$0.15	300	N
<b>A6264</b>	N			<b>Gauze, non-elastic, per linear yard</b>			
A6264		YES	NO	Gauze, non-elastic, per linear yard	\$0.20	300	N
<b>A6265</b>	N			<b>Tape, all types, per 18 square inches</b>			
A6265		YES	NO	Tape, all types, per 18 square inches	\$0.10	150	N
<b>A6266</b>	N			<b>Gauze, impregnated, other than water or normal saline, any width per li</b>			
A6266		YES	NO	Gauze, impregnated, other than water or normal saline, any width per linear yard	\$1.20	35	N
<b>B4035</b>	Y			<b>Enteral feeding supply kit; pump fed</b>			
B4035		YES	NO	Enteral feeding supply kit; pump fed		35 total mod 10&30	
B4035	10	YES	NO	Enteral feeding bag, gravity set (includes bag & tubing)	\$11.25		
B4035	30	YES	NO	Enteral feeding bag, pump set (includes bag & tubing)	\$12.83		
B4035	40	YES	NO	Enteral feeding bag	\$5.40	35	
B4035	50	YES	NO	Enteral feeding tubing (connects to enteral feeding bag)	\$4.65	35	
<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 stndbalm	\$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	6 total	
B4084	10	YES	NO	Extension set for skin level gastrostomy set (pump)	\$10.00		

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO NEW
B4084	20	YES	NO	Bolus extension set for skin level gastrostomy set (gravity)	\$10.00	
<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
<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
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>	N			<b>Skin barrier; paste, per oz.</b>		
K0138		NO	NO	Skin barrier; paste, per oz.	\$2.79	4
<b>K0139</b>	N			<b>Skin barrier; powder, per oz.</b>		
K0139		NO	NO	Skin barrier; powder, per oz.	\$3.49	4
<b>K0168</b>	N			<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>	N			<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>		
K0169		NO	NO	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.47	35
<b>K0171</b>	N			<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>	N			<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>	N			<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>	N			<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>	N			<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	\$15.00	2
K0175	10	NO	NO	Tubing, nebulizer disposable 3"	\$1.39	6
<b>K0176</b>	N			<b>Corrugated tubing, non-disposable, used with large volume nebulizer,</b>		
K0176		NO	NO	Corrugated tubing, non-disposable, used with large volume nebulizer, up to 10 feet	\$14.97	1
<b>K0177</b>	N			<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>	N			<b>Filter, disposable, used with aerosol compressor</b>		
K0178		NO	NO	Filter, disposable, used with aerosol compressor	\$0.68	8
<b>K0179</b>	N			<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>	N			<b>Aerosol mask, used with dme nebulizer</b>		
K0180		NO	NO	Aerosol mask, used with dme nebulizer	\$1.40	6
<b>K0181</b>	N			<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>	N			<b>Water, distilled, used with large volume nebulizer, 1000ml</b>		
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>		

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY	
					MAX FEE	ALLOWED/MO NEW
K0184		YES	NO	Nasal pillows/seals, replacement for nasal application device, pair	\$20.13	1Q3MO
K0185	N			<b>Headgear, used with cpap device</b>		
K0185		YES	NO	Headgear, used with cpap device	\$32.51	1Q3MO
K0186	N			<b>Chin strap, used with cpap device</b>		
K0186		YES	NO	Chin strap, used with cpap device	\$12.68	1Q3MO
K0187	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	
K0188	N			<b>Filter, disposable, used with cpap device</b>		
K0188		YES	NO	Filter, disposable, used with cpap device	\$3.74	4
K0189	N			<b>Filter, non-disposable, used with cpap device</b>		
K0189		YES	NO	Filter, non-disposable, used with cpap device	\$12.03	1Q3MO
K0190	N			<b>Canister, disposable, used with suction pump</b>		
K0190		YES	NO	Canister, disposable, used with suction pump	\$7.30	2
K0191	N			<b>Canister, non-disposable, used with suction pump</b>		
K0191		YES	NO	Canister, non-disposable, used with suction pump	\$27.04	1Q3MO
K0192	N			<b>Tubing, used with suction pump</b>		
K0192		YES	NO	Tubing, used with suction pump	\$3.13	6
K0192	10	YES	NO	Tubing used w/suction pump bulk, 100ft	\$37.50	1
K0196	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		D
K0197	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		D
K0198	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		D
K0199	N			<b>Alginate dressing, wound filler, per 6 inches</b>		
K0199		YES	NO	Alginate dressing, wound filler, per 6 inches		D
K0203	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		D
K0204	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		D
K0205	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		D
K0206	N			<b>Contact layer, 16 sq in., or less, ea dressing</b>		
K0206		YES	NO	Contact layer, 16 sq in., or less, ea dressing		D
K0207	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		D
K0208	N			<b>Contact layer, &gt;48 sq. in., ea dressing</b>		
K0208		YES	NO	Contact layer, >48 sq. in., ea dressing		D
K0209	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		D
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		D

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
K0211	N			Foam dressing, wound cover, pad size >48 sq. in., w/o adh border, ea d			
K0211		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/o adh border, ea dressing			D
K0212	N			Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border,			
K0212		YES	NO	Foam dressing, wound cover, pad size 16 sq. in. or less, w/adh border, ea dressing			D
K0213	N			Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh b			
K0213		YES	NO	Foam dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing			D
K0214	N			Foam dressing, wound cover, pad size >48 sq. in., w/adh border, ea dre			
K0214		YES	NO	Foam dressing, wound cover, pad size >48 sq. in., w/adh border, ea dressing			D
K0215	N			Foam dressing, wound filler, per gram			
K0215		YES	NO	Foam dressing, wound filler, per gram			D
K0216	N			Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea			
K0216		YES	NO	Gauze, non-impregnated, pad size 16 sq. in. or less w/o adh border, ea dressing			D
K0217	N			Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/o adh bord			
K0217		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing			D
K0218	N			Gauze, non-impregnated, pad size >48 sq. in., w/o adh border, ea dressi			
K0218		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/o adh border, ea dressing			D
K0219	N			Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea d			
K0219		YES	NO	Gauze, non-impregnated, pad size 16 sq. in., or less w/adh border, ea dressing			D
K0220	N			Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/adh borde			
K0220		YES	NO	Gauze, non-impregnated, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing			D
K0221	N			Gauze, non-impregnated, pad size >48 sq. in., w/adh border, ea dressin			
K0221		YES	NO	Gauze, non-impregnated, pad size >48 sq. in., w/adh border, ea dressing			D
K0222	N			Gauze, impregnated, other than water or normal saline, pad size 16 sq.			
K0222		YES	NO	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in or less, w/o adh border, ea dressing			D
K0223	N			Gauze, impregnated, other than water or normal saline, pad size >16 bu			
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			D
K0224	N			Gauze, impregnated, other than water or normal saline, pad size >48 sq			
K0224		YES	NO	Gauze, impregnated, other than water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing			D
K0228	N			Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less,			
K0228		YES	NO	Gauze, impregnated, water or normal saline, pad size 16 sq. in., or less, w/o adh border, ea dressing			D
K0229	N			Gauze, impregnated, water or normal saline, pad size >16 but <= to 48 s			
K0229		YES	NO	Gauze, impregnated, water or normal saline, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing			D
K0230	N			Gauze, impregnated, water or normal saline, pad size >48 sq. in., w/o a			
K0230		YES	NO	Gauze, impregnated, water or normal saline, pad size >48 sq. in., w/o adh border, ea dressing			D
K0234	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o ad			
K0234		YES	NO	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, w/o adh border, ea dressing			D
K0235	N			Hydrocolloid dressing, wound cover, pad size >16 but <= to 48 sq. in., w			

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

**CODES BILLABLE ON THE HCFA 1500**

**05/01/97**

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY	
					MAX FEE	ALLOWED/MO NEW
K0235		YES	NO	Hydrocolloid dressing, wound cover, pad size >16 but<= to 48 sq. in., w/o border, ea dressing		D
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		D
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		D
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		D
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		D
K0240	N			<b>Hydrocolloid dressing, wound filler, paste, per fluid ounce</b>		
K0240		YES	NO	Hydrocolloid dressing, wound filler, paste, per fluid ounce		D
K0241	N			<b>Hydrocolloid dressing, wound filler, dry form, per gram</b>		
K0241		YES	NO	Hydrocolloid dressing, wound filler, dry form, per gram		D
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		D
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		D
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		D
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		D
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		D
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		D
K0248	N			<b>Hydrogel dressing, wound filler, gel, per fluid ounce</b>		
K0248		YES	NO	Hydrogel dressing, wound filler, gel, per fluid ounce		D
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		D
K0252	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;16 but &lt;= to 48</b>		
K0252		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/o adh border, ea dressing		D
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		D
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		D
K0255	N			<b>Specialty absorptive dressing, wound cover, pad size &gt;16 but &lt;= to 48</b>		
K0255		YES	NO	Specialty absorptive dressing, wound cover, pad size >16 but <= to 48 sq. in., w/adh border, ea dressing		D

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
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			D
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			D
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			D
K0259	N			<b>Transparent film, &gt;48 sq. in., ea dressing</b>			
K0259		YES	NO	Transparent film, >48 sq. in., ea dressing			D
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			D
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			D
K0263	N			<b>Gauze, elastic, all types, per linear yard</b>			
K0263		YES	NO	Gauze, elastic, all types, per linear yard			D
K0264	N			<b>Gauze, non-elastic, per linear yard</b>			
K0264		YES	NO	Gauze, non-elastic, per linear yard			D
K0265	N			<b>Tape, all types, per 18 square inches</b>			
K0265		YES	NO	Tape, all types, per 18 square inches			D
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			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/adapter, for</b>			
K0280		NO	NO	Extension drainage tubing, any type, any length, with conn/adapter, 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, ea</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	
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	
K0410	N			<b>Male external catheter, with adhesive coating, each</b>			
K0410		YES	NO	Male external catheter, with adhesive coating, each	\$0.95	35 total K0410 - K0411	N
K0411	N			<b>Male external catheter, with adhesive strip, each</b>			
K0411		YES	NO	Male external catheter, with adhesive strip, each	\$0.95		

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

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
<b>K0438</b>	N			<b>Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce</b>			
K0438		NO	NO	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.05	16	N
<b>K0439</b>	N			<b>Ostomy deodorant for use in ostomy pouch, solid, per tablet</b>			
K0439		NO	NO	Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100	N
<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>W6401</b>	N			<b>Skin level gastrostomy feeding tube kit (REQUIRES PA)</b>			
W6401		YES	NO	Skin level gastrostomy feeding tube kit (REQUIRES PA) includes tube, 2 feeding sets, syringe, gauze	\$132.00	7/yr	
<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		
<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>W6409</b>	Y			<b>Otoscopies and Accessories</b>			
W6409		YES	NO	Otoscopies 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	
<b>W6411</b>	Y			<b>Tracheotomy supplies</b>			
W6411		YES	NO	Tracheotomy 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		

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX QTY	
					MAX FEE	ALLOWED/MO NEW
W6412	30	YES	NO	Incontinence Pant w/Liner - Reusable	\$12.56	
<b>W6413</b>	Y			<b>Filters</b>		
W6413		YES	NO	Filters		
W6413	10	YES	NO	Filter Ventilator	\$2.93	4
W6413	20	YES	NO	Filter Air/Bacteria	\$6.99	1
<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>		

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

## CODES BILLABLE ON THE HCFA 1500

05/01/97

13-Mar-97

CODE	MOD	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWED/MO	NEW
W6932		NO	NO	Battery, hearing aid: Mercury 401 - binaural	\$1.57		
<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			D
XX004	10	YES	NO	Urinary intermittent catheter with insertion tray - touchless system			D
<b>XX006</b>	N			<b>Ostomy deodorant, all types, per ounce</b>			
XX006		NO	NO	Ostomy deodorant, all types, per ounce			D
<b>XX007</b>	N			<b>Adhesive remover wipes, 50 per box (ostomy use only)</b>			
XX007		NO	YES	Adhesive remover wipes, 50 per box (ostomy use only)			D

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

**CODES BILLABLE ON THE DRUG CLAIM FORM**

**05/01/97**

13-Mar-97

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	
91000-0002-50	NO	NO	IV Catheter White Replacement Conn	\$9.77	1	
91000-0003-00	NO	NO	IV Connector female/female	\$0.90	35	
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	
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	
97007-0200-10	NO	NO	IV Infuser Device 24 Hour	\$36.27	12	
97007-0200-02	NO	NO	IV Infuser Needle 0-60 min	\$10.46	35	
97007-0200-01	NO	NO	IV Infuser-Pt Control Module	\$19.27	12	
97001-0804-02	NO	NO	IV Inj Cap	\$1.75	35	

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

**CODES BILLABLE ON THE DRUG CLAIM FORM**

**05/01/97**

13-Mar-97

CODE	IN NH RATE?	IN HH RATE?	DESCRIPTION	MAX FEE	MAX QTY ALLOWE	NEW
96000-1199-01	NO	NO	IV Injection Site (Vicra)	\$2.45	12	
90000-2032-09	NO	NO	IV Lifeshield Connector	\$2.79	35	
97007-0100-00	NO	NO	IV Luer Adapter	\$0.33	70	
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	NO	NO	Needle (Huber)	\$2.79	12	
96000-9503-04	NO	NO	Needle (Huber) 6"	\$4.88	12	
96000-9503-03	NO	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	
91000-0003-43	YES#	NO	Syringe Cath Tip 60CC	\$2.09	35	
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	
96000-9500-10	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	

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