

**NEW YORK STATE
MEDICAID PROGRAM**

PHARMACY

FEE SCHEDULE

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OTC/SUPPLY CODES

GENERAL INFORMATION AND INSTRUCTIONS

1. Prior approval, dispensing validation, and prior authorization:
 - a. “_____” underlined code numbers indicate that prior approval is required, utilizing form DSS3615.
 - b. When the description is preceded by a “#”, Electronic Medicaid Eligibility Verification System (EMEVS) dispensing validation is required.
 - c. When the description is preceded by a “*”, voice interactive telephone prior authorization is required. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.
2. Where the letters “PA” appear in the price column, the actual price must be determined at the time of prior approval.
3. MMIS Modifiers:
 - a. The modifier ‘DD’ is no longer in use, effective for dates of service on and after April 1, 2002.
 - b. The modifier ‘BO’, Orally administered enteral nutrition, must be added to the five-digit alph-numeric code as indicated, effective April 1, 2003.
4. Unlisted/By Report Items:
 - a. Reimbursement for unlisted Supply Items is limited to the lower of:
 - The actual acquisition cost (by invoice to the provider) plus 50%;or
 - The usual and customary charge to the general public.
 - b. Effective January 1, 2005, reimbursement for Enteral Therapy indicated By Report is limited to the lower of:
 - The actual acquisition cost (by invoice to the provider) plus 30%;or
 - The usual and customary price charged tothe general public.
5. Reimbursement for Enteral Therapy, Parenteral Therapy, listed Non-prescription Drugs and Medical/Surgical Supplies is limited to the lower of:
 - The price as indicated in the New York State Fee Schedule; or
 - The usual and customary price charged to the general public.

6. See Section 4.5 for compounded prescription billing instructions.
7. **Acquisition cost** means the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations, mailing, shipping, handling, insurance costs or any sales tax.
8. For items listed in section **4.3 Medical/Surgical Supplies**, **the quantity listed is the maximum allowed per month**. If the fiscal order exceeds this amount, the provider must obtain prior approval.
9. **“BY REPORT” (BR)**: When billing “By Report”, appropriate documentation (e.g.: itemized invoice) indicating total cost of the item, and any other factors which may be pertinent, must be submitted with the claim.
10. **FILLING ORDERS**: An original fiscal order for Medical-Surgical Supplies may not be filled more than 60 days after it has been initiated by the ordering practitioner unless prior approval is required.

4.1 ALLOWABLE NON-PRESCRIPTION DRUGS/OTC DRUGS

Non-prescription drugs included in the therapeutic categories listed in this section may be reimbursed in the New York State Medical Assistance Program; and as a reimbursement item of medical assistance shall be the lower of:

- (a) The provider's usual and customary price to the general public on the date of provision of service, but not to exceed the lower sale price, if any, in effect on that date; or
- (b) The maximum reimbursable price established and maintained as listed.

For non-prescription/OTC National Drug Codes (NDC's) refer to the New York State Medicaid Reimbursable Drug List (Microfiche). All non-prescription drugs may be refilled up to five times.

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
<u>ANALGESIC AND ANTIPYRETIC</u>		
Acetaminophen		
Tablets		
80 mg	150	\$0.0707
325 mg	500	0.0310
500 mg	500	0.0426
Liquid		
	600 ml	0.0234
Drops		
	75 ml	0.1872
Suppositories		
120-125 mg	60	0.6716
300-325 mg	60	0.7194
600-650 mg	60	0.6500
Acetylsalicylic acid		
Tablets 81 mg		
325 mg	500	0.0174
Tablets, enteric coated		
325 mg	500	0.0360
Suppositories 300- 325 mg	60	0.2080
650 mg	60	0.3206
Tablets, buffered	500	0.0342
Ibuprofen		
Tablets 200 mg	500	0.0647
Syrup 100 mg/5 ml	300	0.0980

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
<u>ANTACID</u>		
Aluminum hydroxide gel		
Suspension	2400 ml	\$ 0.0145
Tablets	500	0.1065
Aluminum hydroxide, magnesium trisilicate, alginic acid and sodium bicarbonate tablets	500	0.0425
Aluminum hydroxide gel with magnesium hydroxide or trisilicate and/or simethicone and/or other antacid preparations:		
Suspension	1775 ml	0.0087
Tablets	500	0.0369
Sodium bicarbonate tablets 650 mg	500	0.0207
<u>ANTI-DIARRHEAL</u>		
Attapulgate Suspension	1775 ml	0.0182
Loperamide HC1 Liquid 1 mg/5 ml	600	0.0664
Polycarbophil Tablets 500 mg	500 ml	0.1274
Bismuth Subsalicylate		
Tablets 262 mg	500	0.1800
Liquid 262 mg/15 ml	2400 ml	0.0215
<u>ANTI-HISTAMINE</u>		
Brompheniramine tablets 4 mg 24's	24	0.1036
Brompheniramine tablets 4 mg	500	0.0248
Chlorpheniramine tablets 4 mg 24's	24	0.0858
Chlorpheniramine tablets 4 mg	500	0.0236
Diphenhydramine capsules 25 mg	500	0.0333
Liquid 12.5 mg/5 ml	600 ml	0.0352
<u>ANTI-MALARIA</u>		
Quinine sulfate 300 mg	500	0.1360
<u>ANTI-VERTIGO</u>		
Dimenhydrinate tablets 50 mg 12's	12	0.2254
Dimenhydrinate tablets 50 mg	500	0.0334

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
<u>ARTIFICIAL TEARS AND OCCULAR/ORAL LUBRICANTS</u>		
Lubricant ophthalmic ointment	18 G	\$ 1.3718
Artificial tears ml/UD	75 ml	0.2793
Saliva substitute (squeeze or spray sol)	900 ml	0.0512
Sodium chloride ophthalmic		
Ointment 5%	18 G	2.5710
Solution 2%	75 ml	0.4300
5%	75 ml	0.4300
<u>CARDIOVASCULAR</u>		
Nicotinic acid tablets		
50 mg	500	0.0247
100 mg	500	0.0279
500 mg	500	0.0283
<u>CHRONIC RENAL DISEASE</u>		
Calcium tablets (500 mg elemental Ca) 1.25 G	300	0.0523
Basic aluminum carbonate gel		
Capsules 400-600 mg	500	0.1531
Tablets 300-600 mg	2500	0.1164
Suspension 400-600 mg/5 ml	1775 ml	0.0223
Calcium carbonate/simethicone	150	0.3823
6.5 G/0.5 G (7 G) packets		
<u>COUGH AND COLD</u>		
Phenylephrine HC1 Nasal Solution 1/8%	150 ml	0.2974
Guaifenesin syrup 120 ml	120 ml	0.0190
Guaifenesin syrup	1185 ml	0.0131
Guaifenesin w/decongestant and/or antitussive drops	150 ml	0.2480
Guaifenesin capsules/tablets 200 mg	500	0.1952
Non-Narcotic antitussants and/or antihistamine and/or expectorant and/or decongestant and/or combination syrup 120 ml	120 ml	0.0268
Non-Narcotic antitussants and/or antihistamine and/or expectorant and/or decongestant and/or combination syrup	1185 ml	0.0214

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
Antihistamine and decongestant syrup	600 ml	\$0.0216
Oxymetazoline HC1 nasal solution	150 ml	0.1352
Non-Narcotic antitussants and/or upper respiratory combinations of antihistamines and decongestant tabs and caps	120	0.2076
Decongestant syrup	600 ml	0.0225
Decongestant tablets 30 mg	120	0.1040
Sodium chloride nasal drops/spray 0.4 – 0.9%	250 ml	0.0757

DERMATOLOGICAL

Aluminum acetate conc. Sol	2365 ml	0.0251
Bacitracin ointment	150 G	0.0829
Benzoyl peroxide		
Gel 5%	225 G	0.0803
10%	225 G	0.0854
Lotion 5%	300 ml	0.0716
10%	300 ml	0.0952
Hydrocortisone cream 1%	150 G	0.1037
Ointment 1%	150 G	0.1037
Lotion 1%	300 ml	0.0778
Iodochlorhydroxyquin (clioquinol)		
Cream 3%	150 G	0.0876
Neomycin ointment	150 G	0.0700
Tolnaftate Cream/Gel 1%	75 G	0.1493
Powder 1%	225 G	0.0735
Solution 1%	50 ml	0.2293
Antifungal vaginal cream w/applicator	45 G	0.2977
Antifungal vaginal suppositories	7	1.9285

EMETICS

Ipecac syrup	50 ml	0.0660
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FAMILY PLANNING (See Section 4.3)

Contraceptive suppositories	60	0.6967
Contraceptive jelly kit w/applicator	114 G	0.1066
Contraceptive jelly	570 G	0.1066
Contraceptive cream	575 G	0.1090
Jelly disposable applicator	50	1.1500
Contraceptive foam kit small	200 G	0.3280
Contraceptive foam kit	450 G	0.1576

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
<u>FECAL SOFTENER AND LAXATIVE</u>		
Milk of Magnesia Suspension	2365 ml	\$0.0083
Tablets	500	0.0457
Heavy mineral oil	2365 ml	0.0081
Docusate calcium, potassium or sodium		
Capsules 100 mg	500	0.0352
Syrup 20 mg/5 ml	2365 ml	0.0099
Solution 10 mg/ml	600 ml	0.0500
Bisacodyl suppositories 10 mg 12's	12	0.2600
Bisacodyl suppositories 10 mg	250	0.1620
Bisacodyl tablets, delayed release 5 mg	500	0.0301
Bulk laxatives, psyllium and/or methylcellulose, karaya gum, combinations, etc.	2400 G	0.0197
Barium enema prep kit	5	5.9696
Senna tablets	500	0.0415
Sugar-free psyllium powder	1500 G	0.0197
Polycarbophil Tablets 500 mg	500	0.1274
Disposable enema	6750 ml	0.0867
Disposable enema, docusate sodium	3000 ml	0.0997
Carbon dioxide releasing suppository	50	0.9830

HEMATINIC

Ferrous Salts Tablets 300 - 325 mg	500	0.0217
Liquid	2365 ml	0.0109
Drops	250 ml	0.1008

INSULIN

The maximum fees for insulin are adjusted periodically by the State to reflect the current cost. Refer to the New York State Department of Health List of Medicaid Reimbursable Drugs.

INSULIN INJECTION USP

Insulin inj. beef & pork U-100	50 ml
Insulin inj. pork ultra U-100 purified	50 ml

INSULIN SUSPENSION, ISOPHANE USP

Isophane beef & pork U-100	50 ml
Isophane pork ultra purified U-100	50 ml

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
<u>INSULIN ZINC SUSPENSION USP: ALL (PROMPT, EXTENDED, INTERMEDIATE)</u>		
Zinc susp. beef & pork U-100	50 ml	
Zinc susp. pork ultra U-100 purified	50 ml	
 <u>INSULIN, BIOSYNTHETIC HUMAN</u>		
Insulin injection U-100	50 ml	
Insulin suspension, isophane U-100	50 ml	
Insulin zinc suspension 70%/30%	50 ml	
Insulin isophane suspension 50% & insulin injection 50%	50 ml	
Insulin injection U-100		
3 ml Cartridge	45 ml	
1.5 ml Cartridge	45 ml	
Insulin suspension, isophane U-100		
3 ml Cartridge	45 ml	
1.5 ml Cartridge	45 ml	
Insulin suspension isophane 70% with insulin injection 30% U-100		
3 ml Cartridge	45 ml	
1.5 ml Cartridge	45 ml	
 <u>PEDICULOCIDE</u>		
Pyrethrins (0.17 - 0.33%) w/piperonylbutoxide (2 - 4%)		
Liquid	600 mg	\$0.0936
Permethrin creme rinse 1%	300 mg	0.1869
 <u>SMOKING CESSATION AGENTS</u>		
Transdermal Nicotine 0-7 mg	30	3.283
8-15 mg	30	3.283
16 mg and above	30	3.203
Nicotine Gum 2 mg 108's and larger	540	0.426
48's and 50's	50	0.556
Nicotine Gum 4 mg 108's and larger	540	0.479
48's and 50's	50	0.625
 <u>VITAMIN/MINERAL</u>		
ACD drops Solution with Iron	250 ml	0.1350
	250 ml	0.1350

Pharmacy Fee Schedule

	<u>Maximum Quantity/MO</u>	<u>Unit Price</u>
Multi-Vitamin Solution (drops)	250 ml	\$0.1454
with Iron	250 ml	0.1454
Capsules or Tablets	500	0.0295
with minerals	500	0.0295
Solution w/or w/o minerals 240 ml	240 ml	0.0188
Solution w/or w/o minerals	2365 ml	0.0188
Therapeutic vitamins, w/or w/o minerals		
Capsules or tablets	500	0.0504
Prenatal vitamins capsules or tablets	500	0.0604
Ascorbic Acid		
100 mg	500	0.0250
250 mg	500	0.0330
500 mg	500	0.0467
Calcium		
500 mg	500	0.0523
600 - 650 mg	500	0.0414
Pyridoxine HC1 tablets (Vitamin B6)		
25 mg	500	0.0310
50 mg	500	0.0339
100 mg	500	0.0444
Thiamine HC1 tablets (Vitamin B1)		
50 mg	500	0.0339
100 mg	500	0.0410
Vitamin D2 8000 IU/ml	300 ml	0.4413
Vitamin A		
10000 IU Capsules	500	0.0350
5000 IU/0.1 ml	150 ml	1.4258
Magnesium tablets	500	0.0550
 <u>UNCLASSIFIED</u>		
Pediatric Electrolyte Sol, Oral	5000 ml	0.0077
Glucose Tablets	60	0.2674
Glucose Gel	465 gm	0.1360

4.2 ENTERAL AND PARENTERAL THERAPY

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES</u>			
<p>Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes.</p>			
B4034	#Enteral feeding supply kit; syringe, per day	up to 30/mo	\$ 1.8772
B4035	#Enteral feeding supply kit; pump fed, per day	up to 30/mo	8.3203
B4036	#Enteral feeding supply kit; gravity fed, per day	up to 30/mo	5.1638
B4081	#Nasogastric tubing with stylet	up to 1/mo	16.1692
B4082	#Nasogastric tubing without stylet	up to 2/mo	10.0633
B4083	#Stomach tube - Levine type	up to 2/mo	1.0748
B4086	#Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each (includes replacement extension/decompression tubing for low profile tube/button/port) (see <u>T5999</u> , p. 4-35 for low profile kit)	up to 1/mo	22.89
B4100	#Food thickener, administered orally, per ounce	up to 180/mo	0.53

1. Enteral nutritional therapy is covered for nasogastric, jejunostomy or gastrostomy tube feeding or as a liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized (the inability to sustain oneself nutritionally by eating food) and the condition is one where enteral nutritional therapy is generally considered by the medical community as the treatment of choice to produce medical benefit. Medical necessity for enteral nutritional therapy must be substantiated by documented physical findings and/or laboratory data. The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized prescriber. It is the responsibility of the prescriber to maintain documentation in the recipient's record regarding the medical necessity for enteral nutritional therapy. Standard milk-based infant formulas are not reimbursable by Medicaid. Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.

2. The calculation for pricing enteral formula is as follows: Number of calories per can divided by 100 equals the number of caloric units per can.

3. Effective April 1, 2003, enteral formula requires voice interactive prior authorization, as indicated by the "*" next to the code description. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736. The following worksheet will assist the dispenser in completing this process.

**NEW YORK STATE MEDICAID PROGRAM
 ENTERAL FORMULA PRIOR AUTHORIZATION
 DISPENSER WORKSHEET (Rev. 4/05)**

To facilitate the process, be prepared to answer these questions when you call the voice interactive Enteral Prior Authorization Call Line at **1-866-211-1736** and choose **Option 4.**

1. Enter the 11-digit prior authorization number obtained by the prescriber and written on the fiscal order.	_____
2. Enter the recipient CIN (Client Identification Number) of the patient for which the enteral formula is ordered. The automated system will then confirm that a valid, unused prior authorization number exists for this patient. (Client ID number is 2 alpha/5 numeric/1 alpha.)	_____
3. Enter your MMIS Provider ID Number.	_____
4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) Category of Service.	_____
5. Enter a telephone number where you can be reached.	(____) _____ - _____
6. Enter numeric portion of HCPSC code of enteral being prescribed. See the Enteral Products Classification List published in Medicaid Update for further information. The system will add the two-digit alpha BO modifier (indicating oral administration) to the HCPSC code, if applicable (shaded area). Products categorized under the same HCPSC code must be combined into one prior authorization request by the prescriber.	B _____ <i>Your claim must match the full five digit or seven digit code on the prior authorization record for payment to be made. The full code is reported to you on the telephone system.</i>
7. Record caloric units authorized per month (calculated by the telephone system from the prescriber's input of enteral formula calories per day, then divided by 100 and multiplied by 30 days to equal caloric units per month, i.e., a month's supply of formula)	_____ CALORIC UNITS/MONTH
8. Record the authorization activation date (today), and the prior authorization expiration date. Use the same authorization number for each refill. New authorizations cannot be activated until 10 days prior to expiration date of the existing authorization.	____/____/____ ACTIVATION DATE ____/____/____ EXP. DATE

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES (continued)</u>			
B4149	*Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	\$1.2100 per caloric unit
B4150	*Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.5315 per caloric unit
B4152	*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.4046 per caloric unit
B4153	*Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	2.0271 per caloric unit
B4154	*Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.8500 per caloric unit
B4155	*Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	up to 300 caloric units/mo	2.3000 per caloric unit

NOTE: Products categorized under codes B4154, B4155, B4157 and B4162 are reimbursable using "By Report" rules when the charge is greater than the price listed.

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
B4157	*Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	\$4.5800 per caloric unit
B4158	*Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.7300 per caloric unit
B4159	*Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.8400 per caloric unit
B4161	*Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	1.3500 per caloric unit
B4162	*Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	4.5800 per caloric unit
<u>B9998</u>	Not otherwise classified enteral supplies (e.g., Liquid Vitamin E, Enfamil AR, Vivonex Flavor Packets)		PA
S8265	#Haberman feeder for cleft lip/palate	up to 2/month	15.63

PARENTERAL FORMULAE AND PARENTERAL SUPPLIES

B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less(500 ml = 1 unit) – home mix		13.26
B4168	Parenteral nutrition solution; amino acid, 3.5%,(500 ml = 1 unit) – home mix		18.59
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%,(500 ml = 1 unit) – home mix		30.50
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – home mix		43.22
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – home mix		43.22
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) home mix		18.30

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	\$54.13
B4186	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)	74.93
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix	84.28
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix	140.58
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix	158.13
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein – premix	229.21
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day	11.65
<u>B4220</u>	Parenteral nutrition supply kit, premix, per day	PA
<u>B4222</u>	Parenteral nutrition supply kit, home mix, per day	PA
<u>B4224</u>	Parenteral nutrition administration kit, per day	PA
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – (Amirosyn RF, Nephramine, Renamine) – premix	113.37
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – (Freamine HBC, Hepatamine) - premix	133.49
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress – (branch chain amino acids) – premix	145.40
<u>B9999</u>	Not otherwise classified parenteral supplies	PA

4.3 MEDICAL/SURGICAL SUPPLIES

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>ADHESIVE TAPE/REMOVER</u>			
A4450	Tape, non-waterproof, per 18 square inches	(up to 300)	\$0.06
A4452	Tape, waterproof, per 18 square inches	(up to 100)	0.11
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	(up to 40)	1.90
<u>ANTISEPTICS</u>			
A4244	Alcohol or peroxide, per pint	473 ml	0.99
A4245	Alcohol wipes, per box(100's)	each (up to 5)	1.43
A4246	Betadine or pHisoHex solution, per pint	473 ml (up to 3)	2.96
<u>BREAST PUMPS</u>			
E0602/E0603 include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.			
E0602	Breast pump, manual, any type	each (up to 1)	17.31
E0603	#Breast pump, electric (AC and/or DC), any type	each (up to 1)	40.63
<u>CANES/CRUTCHES/ACCESSORIES</u>			
A4635	Underarm pad, crutch, replacement, each	each (up to 2)	2.69
A4636	Replacement, handgrip, cane, crutch or walker, each	each (up to 2)	3.53
A4637	Replacement, tip, cane, crutch, or walker, each	each (up to 5)	1.64
E0100	#Cane, includes canes of all materials, adjustable or fixed, with tip	each (up to 1)	12.00
E0105	#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)	each (up to 1)	18.75
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (over 23" height, no rotation option)	pair (up to 1)	58.93
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)	each (up to 1)	29.46

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)	\$23.93
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	each (up to 1)	11.96
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)	23.38
E0116	Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip	each (up to 1)	11.69

INCONTINENCE APPLIANCES AND CARE SUPPLIES

A4310	Insertion tray without drainage bag and without catheter (accessories only)	each (up to 10)	2.13
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to 10)	5.36
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to 10)	11.73
A4320	Irrigation tray with bulb or piston syringe, any purpose	each (up to 30)	1.67
A4322	Irrigation syringe, bulb or piston, each	each (up to 50)	1.01
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	each (up to 5)	1.80
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	each (up to 5)	7.83
A4334	Urinary catheter anchoring device, leg strap, each	each (up to 12)	1.36
<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month	PA
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 10)	1.31
A4344	Indwelling catheter, Foley type, two-way, all silicone	each (up to 10)	6.13
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each	each (up to 10)	10.11
A4348	Male external catheter with integral collection compartment, extended wear, (e.g., 2 per month)	each (up to 2)	4.73
A4349	Male external catheter, with or without adhesive, disposable, each	each (up to 60)	1.51

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 250)	\$0.81
<u>A4352</u>	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each (for self-catheterization)	each (up to 250)	2.58
A4353	Intermittent urinary catheter, with insertion supplies	each (up to 60)	3.11
A4354	Insertion tray with drainage bag but without catheter	each (up to 30)	7.57

EXTERNAL URINARY SUPPLIES

A4356	External urethral clamp or compression device (not to be used for catheter clamp),each	each (up to 1)	39.24
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	each (up to 10)	3.68
A4358	Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each	each (up to 30)	4.13
A4359	#Urinary suspensory without leg bag, each	each (up to 1)	38.26

OSTOMY SUPPLIES

A4361	Ostomy faceplate, each	each (up to 15)	11.99
A4362	Skin barrier; solid 4x4 or equivalent, each	each (up to 25)	3.86
A4364	Adhesive, liquid, or equal, any type, per ounce	each (up to 20)	2.12
A4365	Adhesive remover wipes, any type, per 50	each (up to 1)	12.35
A4366	Ostomy vent, any type, each	each (up to 10)	0.86
A4367	Ostomy belt, each	each	8.53
A4368	Ostomy filter, any type, each	each (up to 40)	0.30
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	each (up to 22)	2.04
A4371	Ostomy skin barrier, powder, per oz	each (up to 21)	2.49
A4372	Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	each (up to 15)	4.19
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	each (up to 15)	7.11

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4376	#Ostomy pouch, drainable, with faceplate attached, rubber, each	each (up to 2)	\$44.03
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, ea	each (up to 15)	6.21
A4378	#Ostomy pouch, drainable, for use on faceplate, rubber, each	each (up to 2)	30.11
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each (up to 15)	5.38
A4380	#Ostomy pouch, urinary, with faceplate attached, rubber, ea	each (up to 2)	47.59
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	each (up to 10)	3.53
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	each (up to 15)	3.53
A4383	#Ostomy pouch, urinary, for use on faceplate, rubber	each (up to 2)	33.04
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, ea	each (up to 15)	5.35
A4387	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)	3.19
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)	3.75
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)	6.46
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	8.41
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	each (up to 15)	6.56
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	10.08
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	10.08
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	each (up to 8)	2.94
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	each (up to 60)	0.19
A4396	#Ostomy belt with peristomal hernia support	each (up to 2)	40.38
A4397	Ostomy irrigation supply; sleeve, each	each (up to 125)	2.73

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4398	Ostomy irrigation supply; bag, each	each (up to 125)	\$1.00
A4399	Ostomy irrigation supply; cone/catheter, including brush	each (up to 1)	13.98
A4400	Ostomy irrigation set	each (up to 30)	30.09
A4402	Lubricant, per ounce	(up to 20)	0.43
A4404	Ostomy ring, each	each (up to 15)	1.72
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	each (up to 18)	2.36
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	each (up to 18)	4.66
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)	8.69
A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	each (up to 10)	8.64
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)	4.80
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	each (up to 10)	4.80
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each (used after ostomy surgery)	each (up to 15)	6.26
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	each (up to 15)	4.45
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each	each (up to 15)	4.45
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	each (up to 15)	2.61
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	each (up to 15)	3.16
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	each (up to 15)	2.06
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	each (up to 15)	1.77
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	each (up to 15)	1.55
<u>A4421</u>	<u>Ostomy supply; miscellaneous</u>	each (up to 15)	PA

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	each (up to 15)	\$1.90
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	each (up to 15)	3.15
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each	each (up to 15)	3.61
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each	each (up to 15)	1.68
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each	each (up to 15)	2.55
A4458	#Enema bag with tubing, reusable	each (up to 1)	16.26
A5051	Pouch, closed; with barrier attached (1 piece), each	each (up to 150)	2.48
A5052	Pouch, closed; without barrier attached (1 piece), each	each (up to 50)	1.96
A5053	Pouch, closed; for use on faceplate, each	each (up to 60)	2.24
A5054	Pouch, closed; for use on barrier with flange (2 piece), each	each (up to 150)	1.68
A5055	Stoma cap	each	2.51
A5061	Pouch, drainable; with barrier attached (1 piece), each	each (up to 150)	3.37
A5062	Pouch, drainable; without barrier attached (1 piece), each	each (up to 150)	3.05
A5063	Pouch, drainable, for use on barrier with flange (2 piece system), each	each (up to 50)	2.27
A5071	Pouch, urinary; with barrier attached (1 piece), each	each (up to 50)	4.41
A5072	Pouch, urinary; without barrier attached (1 piece)each	each (up to 50)	4.16
A5073	Pouch, urinary; for use on barrier with flange (2 piece), each	each (up to 100)	3.34
A5081	Continent device; plug for continent stoma	each (up to 5)	3.37
A5082	Continent device; catheter for continent stoma	each (up to 1)	12.12
A5093	Ostomy accessory; convex insert	each (up to 5)	2.71

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5105	#Urinary suspensory; with leg bag, with or without tube	each (up to 5)	75.46
A5112	Urinary leg bag; latex	each (up to 5)	29.64
A5113	Leg strap; latex, replacement only, per set	pair (up to 2 pair)	1.86

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A5114	Leg strap; foam or fabric, replacement only, per set	pair (up to 2 pair)	\$ 3.92
A5119	Skin barrier, wipes or swabs, per box 50	each box (up to 5)	9.88
A5121	Skin barrier; solid, 6x6 or equivalent, each	each (up to 25)	8.08
A5122	Skin barrier; solid, 8x8 or equivalent, each	each (up to 25)	15.16
A5126	Adhesive or non-adhesive; disc or foam pad	each (up to 30)	1.16
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	each (up to 1)	8.06
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	each (up to 30)	2.70

COMMODOE ACCESSORIES

E0160	#Sitz type bath, or equipment, portable, used with or without commode	each (up to 1)	4.49
E0167	#Pail or pan for use with commode chair	each (up to 1)	5.40
E0275	Bed pan, standard, metal or plastic	each (up to 1)	3.78
E0276	#Bed pan, fracture, metal or plastic	each (up to 1)	4.25
E0325	#Urinal; male, jug-type, any material	each (up to 1)	2.90
E0326	#Urinal; female, jug-type, any material	each (up to 1)	7.20

DIABETIC DIAGNOSTICS

A4250	Urine test or reagent strips or tablets, (100 tablets or strips)	each (up to 2)	18.36
A4253	Blood glucose test or reagent strips for home blood glucose monitor, (visual also), per 50 strips	50's (up to 5)	39.38
A4254	#Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 2)	4.65
A4256	#Normal, low and high calibrator solution/chips	each (up to 1)	8.62
E0607	#Home blood glucose monitor	each (up to 1)	76.58
<u>E2100</u>	Blood glucose monitor with integrated voice synthesizer		PA

DIABETIC DAILY CARE

A4206	Syringe with needle, sterile 1cc, each	each (up to 200)	0.20
A4207	Syringe with needle, sterile 2cc, each	each (up to 200)	0.22
A4208	Syringe with needle, sterile 3cc, each	each (up to 200)	0.22

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4209	Syringe with needle, sterile 5cc or greater, each	each (up to 200)	\$0.31
<u>A4211</u>	Supplies for self-administered injections (limited to supplies not otherwise listed)	each	PA
A4213	Syringe, sterile, 20cc or greater, each	each (up to 200)	0.64
A4215	Needles only, sterile, any size, each	each (up to 200)	0.33
A4230	#Infusion set for external insulin pump, non needle cannula type	each (up to 30) (two month supply)	13.54
A4231	#Infusion set for external insulin pump, needle type	each (up to 24) (two-month supply)	5.10
A4232	#Syringe with needle for external insulin pump, sterile, 3cc	each (up to 30) (two month supply)	4.63
A4244	Alcohol or peroxide, per pint	16 oz (up to 5)	0.99
A4245	Alcohol wipes, per box (100's)	each (up to 5)	1.43
A4258	Spring-powered device for lancet, each	each (up to 2)	12.95
A4259	Lancets, per box of 100	each (up to 5)	6.06
S5560	#Insulin delivery device, reusable pen; 1.5ml size	up to 1	34.98
S5561	#Insulin delivery device, reusable pen; 3ml size	up to 1	30.66
S8490	Insulin syringes (100 syringes, any size) (low dose, 0.3cc – 0.5cc)	100's (up to 2)	20.27

FAMILY PLANNING PRODUCTS (See Section 4.1)

A4266	Diaphragm for contraceptive use (kit, e.g., All Flex, Coil, Flat Spring)	each (up to 1)	29.53
A4267	Contraceptive supply, condom, male, each	each (up to 108)	0.39
A4268	Contraceptive supply, condom, female, each	each (up to 108)	3.00

GLOVES

Gloves are reimbursable only when medically necessary for the recipient. Gloves are not reimbursable as personal protective equipment for employees or when included in a kit or tray (e.g., catheter or tracheostomy). Sterile gloves are only reimburseable when medically necessary.

A4927	#Gloves, non-sterile, per 100	100's (up to 1)	4.55
A4930	#Gloves, sterile, per pair	pair, up to 30	0.32

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>HEAT APPLICATION</u>			
E0210	#Electric heat pad, standard	each (up to 1)	\$14.40
E0215	#Electric heat pad, moist	each (up to 1)	20.93
E0220	Hot water bottle	each (up to 1)	4.88
E0238	Non-electric heat pad, moist	each (up to 1)	10.44
<u>SYNTHETIC SHEEP SKIN AND DECUBITUS CARE</u>			
E0188	Synthetic sheepskin pad	each (up to 1)	18.75
E0191	Heel or elbow protector, each	each (up to 5)	2.81
<u>MASTECTOMY CARE</u>			
L8000	Breast prosthesis, mastectomy bra	each (up to 5)	31.22
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	each (up to 5)	93.71
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	each (up to 5)	123.71
L8020	Breast prosthesis, mastectomy form	each (up to 4)	180.63
L8030	Breast prosthesis, silicone or equal	each (up to 4)	180.63
S8460	Camisole, post-mastectomy	each (up to 5)	37.46
<u>RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES</u>			
NOTE: Supplies/parts are for patient-owned equipment only			
<u>A4481</u>	Tracheostoma filter, any type, any size, each (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter)	each (up to 30)	PA
A4605	Tracheal suction catheter, closed system, each (for mechanical ventilation patient)	each (up to 15)	10.63
A4614	Peak expiratory flow meter, hand held	each (up to 1)	19.24
A4615	Cannula, nasal	each (up to 4)	0.98
A4616	Tubing, (oxygen), per foot (for patient owned respiratory equipment)	each (up to 30)	0.80
A4619	Face tent	each (up to 4)	1.29
A4620	Variable concentration mask	each (up to 4)	2.29
A4623	Tracheostomy, inner cannula	each (up to 5)	5.60
A4624	Tracheal suction catheter, any type, other than closed system, each (tray)	each (up to 250)	1.40
A4625	Tracheostomy care kit for new tracheostomy	each (up to 90)	4.25

Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape, gauze roll and tracheostomy tube holder.

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4626	Tracheostomy cleaning brush	each (up to 2)	\$1.51
A4628	Oropharyngeal suction catheter, each (e.g., Yankauer)	each (up to 5)	2.02
A4629	Tracheostomy care kit for established tracheostomy	each (up to 90)	3.08
<p>Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape and tracheostomy tube holder.</p>			
A7000	Canister, disposable, used with suction pump, each	each (up to 5)	4.35
A7002	Tubing, used with suction pump, each (suction connection tubes)	each (up to 30)	0.92
A7003	Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable	each (up to 2)	2.25
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	each (up to 5)	1.29
A7005	#Administration set, with small volume non filtered pneumatic nebulizer, non-disposable	each (up to 1)	16.19
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	each (up to 5)	2.89
A7013	Filter, disposable, used with aerosol compressor	each (up to 5)	0.11
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	each (up to 1)	0.80
A7015	Aerosol mask, used with DME nebulizer	each (up to 1)	1.06
A7038	Filter, disposable, used with positive airway pressure device	each (up to 5)	1.71
A7039	Filter, nondisposable, used with positive airway pressure device	each (up to 5)	2.40
A7523	Tracheostomy shower protector, each	each (up to 1)	7.65
A7525	Tracheostomy mask, each	each (up to 4)	1.68
E0605	#Vaporizer, room type (coverable for treatment of respiratory illness; warm or cool mist)	each (up to 1)	16.73
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	each (up to 9)	1.67
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	each (up to 6)	3.13
S8100	#Holding chamber or spacer for use with an inhaler or nebulizer; without mask	each (up to 2)	16.50
S8101	#Holding chamber or spacer for use with an inhaler or nebulizer; with mask	each (up to 2)	27.75

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>S8189</u>	Tracheostomy supply, not otherwise classified	up to 1/month	PA

SUPPORT GOODS

A4462	Abdominal dressing holder, each	each (up to 5)	\$11.15
A4495	#Surgical stockings thigh length (compression 18-35 mmHg)	each (up to 4)	14.22
A4500	#Surgical stockings below knee length (compression 18-35 mmHg)	each (up to 4)	12.41
A4510	#Surgical stockings full length, each (e.g., pregnancy support, compression 18-35 mmHg)	each (up to 2)	36.39
A4565	Slings	each (up to 1)	6.47
A4570	Splint	each	1.97
L0120	Cervical, flexible, non-adjustable (foam collar)	each (up to 1)	6.80
L1825	KO, elastic knee cap, prefabricated, including fitting and adjustment	each (up to 2)	12.41
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	6.87
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	8.85
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	10.86
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	11.25

THERMOMETERS

A4931	Oral thermometer, reusable, any type, each	each (up to 1)	1.97
A4932	Rectal thermometer, reusable, any type, each	each (up to 1)	1.34

UNDERPADS/DIAPERS

Diapers and underpads are covered only when medical need may be demonstrated. Diapers will not be covered when incontinence occurs as part of the normal developmental process, i.e., under age three. **The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper dispensed, and may not bill multiple sizes for the same recipient.**

<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month	PA
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Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4554	#Disposable underpads, all sizes, (e.g., Chux's)	each (up to 300)	\$0.28
T4521	#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")	each (up to 250)	0.47
T4522	#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")	each (up to 250)	0.51
T4523	#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")	each (up to 250)	0.68
T4524	#Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip >59")	each (up to 250)	0.72
T4529	#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)	each (up to 250)	0.30
T4530	#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)	each (up to 250)	0.36
T4533	#Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)	each (up to 250)	0.39
T4535	#Disposable liner/shield/guard/pad/undergarment, for incontinence, each	each (up to 250)	0.28
T4537	#Incontinence product, protective underpad, reusable, bed size, each	each (up to 3)	13.44
T4539	#Incontinence product, diaper/brief, reusable, any size, each	each (up to 5)	5.31
T4540	#Incontinence product, protective underpad, reusable, chair size, each	each (up to 3)	7.19

WOUND DRESSINGS

A6010	#Collagen based wound filler, dry form, per gram of collagen	up to 24	4.51
A6011	#Collagen based wound filler, gel/paste, per gram of collagen	up to 27	3.86
A6021	#Collagen dressing, pad size 16 sq. in. or less, each	up to 5	19.88
A6022	#Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	up to 5	38.50
A6023	#Collagen dressing, pad size more than 48 sq. in., each	up to 5	76.88
A6024	#Collagen dressing wound filler, per 6 inches	up to 3	11.50
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	up to 20	5.50
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing	up to 20	6.43

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	up to 10	\$14.52
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	up to 20	2.76
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	1.58
A6201	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	2.70
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	2.11
A6204	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	4.09
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	5.65
A6206	Contact layer, 16 sq. in., or less, each dressing	up to 20	1.53
A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	up to 20	2.68
A6208	Contact layer, more than 48 sq. in., each dressing	up to 10	6.50
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	1.66
A6210	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	3.57
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 20	8.09
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	3.99
A6213	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	9.06
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	17.59
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 100	0.04
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 100	0.08

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 25	\$0.19
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 100	0.22
A6220	Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30	1.08
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	2.42
A6222	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	1.44
A6223	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 50	1.71
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	up to 12	1.79
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	1.62
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30	1.69
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	1.82
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	up to 30	1.32
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	up to 30	4.01
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	up to 30	5.57
A6234	Hydrocolloid dressing, wound cover pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	5.69
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. without adhesive border, each dressing	up to 30	11.26

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	\$13.88
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	5.07
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each dressing	up to 30	7.73
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30	10.54
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	up to 20	7.88
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	up to 25	1.54
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	3.06
A6243	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30	6.49
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	14.05
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	3.56
A6246	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30	7.39
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30	18.77
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	up to 30	4.16
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	2.13
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	2.54
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 20	3.61

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	\$1.07
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	1.71
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 20	3.85
A6257	Transparent film, 16 sq. in. or less, each dressing	up to 30	0.35
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30	1.16
A6259	Transparent film, more than 48 sq. in., each dressing	up to 30	2.46
<u>A6261</u>	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	up to 20	PA
<u>A6262</u>	Wound filler, dry form, per gram, not elsewhere classified	up to 20	PA
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	up to 20	2.01
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 100	0.13
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 100	0.25
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 25	0.35
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard	up to 30	1.91
A6410	Eye pad, sterile, each	up to 50	0.23
A6411	Eye pad, non-sterile, each	up to 50	0.16
A6412	Eye patch, occlusive, each	up to 30	0.27
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	up to 30	2.30
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	up to 90	0.04
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.06
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 90	0.08

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 90	\$0.06
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.10
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 90	0.18
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	up to 90	0.06
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.09
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	up to 90	0.16
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.17
A6452	High compression bandage, elastic, knitted/woven load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 15	1.22
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	up to 30	0.40
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	up to 30	0.57
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	up to 30	0.68
A6456	Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 20	0.80

Pharmacy Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>VARIOUS MISCELLANEOUS</u>			
A4216	Sterile water/saline, 10ml	up to 120	\$0.35
A4217	Sterile water/saline, 500ml	up to 10	1.58
A4221	#Supplies for maintenance of drug infusion catheter, per week (list drug separately) (bill monthly)	each unit (up to 100 units per month)	1.00
Use for all supplies necessary for maintenance of drug infusion catheters and external pumps, and/or supplies necessary for the administration of drugs (except insulin) not otherwise listed in the fee schedule			
<u>A4305</u>	Disposable drug delivery system, flow rate of 50ml or greater per hour	once/month	PA
<u>A4306</u>	Disposable drug delivery system, flow rate of 5ml or less per hour	once/month	PA
<u>A4649</u>	Surgical supply; miscellaneous	once/month	PA
A4660	#Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type	up to 1	20.59
<u>A9999</u>	Miscellaneous DME supply or accessory, not otherwise specified	once/month	PA
E0710	Restraints, any type (body, chest, wrist or ankle)	each (up to 4)	13.65
K0552	#Supplies for external drug infusion pump, syringe type cartridge, sterile, each	up to 30	2.65
<u>T5999</u>	Supply, not otherwise specified (limited to the following previously state-defined codes):		
Z2003	Plastic strips	50's (up to 5)	2.81
Z2110	Low profile tube/button/port kit (for recipients who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This kit includes tube/button/port, syringes, extension and/or decompression tubing and obturator if indicated.)	up to 1/3 months	114.58
Z2351	Basal thermometer	each (up to 1)	10.41
Z2156	Sterile 6" wood applicator w/cotton tips	100's (up to 1)	2.74
Z2640	Incentive spirometer	each (up to 1)	5.88
Z2744	Nasal aspirator	each (up to 1)	2.54

4.4 HEARING AID BATTERY

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
L8621	Zinc air battery for use with cochlear implant device, replacement, each	each (up to 60)	\$0.75
V5266	Battery for use in hearing device (any type)	each (up to 8)	0.75

NOTE: To be priced by the State on a periodic basis at retail less 20 percent. When billing for batteries on the claim form the "Quantity Dispensed" field refers to the individual number of batteries dispensed not number of packages dispensed.

4.5 COMPOUNDED PRESCRIPTIONS

Claims for compounded prescriptions must be submitted using one of the following two options that became effective February 18, 2004. Reconstitution of a commercially available product is not considered compounding.

A compound is considered reimbursable only when the compound includes:

- A combination of any two or more legend drugs found on the List of Medicaid Reimbursable Drugs; or
- A combination of any legend drug(s) included on the List of Medicaid Reimbursable drugs and any other item(s) not commercially available as an ethical or proprietary product, or
- A combination of two or more products which are labeled: “Caution: For Manufacturing Purpose only.”

Option 1 – Billing for Individual Components by NDC Number using NCPDP 3.2 or 5.1

- This option must be used when billing compounded controlled substances to comply with the Bureau of Controlled Substances standards.
- Submit claims for compounded prescriptions using the NDC code for each ingredient. These claims are eligible for the Electronic Claim Capture (ECC) option when submitted through the NCPDP format.
- Each ingredient must have a unique prescription number.
- For on-line submitted claims, NCPDP Compound Code Field (406-D6) must contain a value of 1.
- Each drug ingredient payable by New York Medicaid will be reimbursed at AWP-12% plus a dispensing fee: \$3.50 (if a brand drug) or \$4.50 (if a generic drug).
- Payment will only be made for NDCs covered on the List of Medicaid Reimbursable Drugs.

OR

Option 2 — Billing for a Compound as a Single Entity using NCPDP 5.1

- The entire prescription must have one unique prescription number.
- For on-line claims capture, Compound Code Field (406-D6) must contain a value of 1.
- In the Product Service ID Field (407-D7), enter NDC Code using all “9’s”.
- In the Product/Service ID Qualifier Field (436-E1) a value of 03 must be entered.
- A value of 1 must be entered in the Quantity Field.
- Reimbursement for each compound prescription billed using Option 2 is restricted to the usual and customary price charged to the general public for the total sum of the ingredients, up to the maximum reimbursable amount (MRA) for this option (\$50.00), plus a dispensing fee of \$3.50 and a compounding fee of \$0.75.
- There is no co-payment assessed using this option.
- The pharmacy must retain the prescription and documentation of ingredients, amounts and costs.