

APPROVED

NEW YORK STATE

MEDICAID PROGRAM

PHARMACY

PROCEDURE CODES

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OTC/SUPPLY CODES

4.0 GENERAL INFORMATION AND INSTRUCTIONS

1. Prior approval, dispensing validation, and prior authorization:
 - a. “_____” underlined code numbers indicate that prior approval is required, utilizing form eMedNY 361501.
 - b. When the description is preceded by a “#”, Medicaid Eligibility Verification System (MEVS) 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. 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 alphanumeric code as indicated, effective April 1, 2003.
3. 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 to the general public.
4. 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.
5. See Section 4.5 for compounded prescription billing instructions.
6. 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.
7. 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.
8. **“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.
9. **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/OTC drugs included in the therapeutic categories listed in the following section may be reimbursed by the New York State Medicaid Program:

ANALGESIC AND ANTIPYRETIC
ANTACID
ANTI-DIARRHEAL
ANTIHISTAMINE
ANTI-VERTIGO
ARTIFICIAL TEARS AND OCCULAR/ORAL LUBRICANTS
CHRONIC RENAL DISEASE
COUGH AND COLD
DERMATOLOGICAL
FAMILY PLANNING (Also see section 4.3)
FECAL SOFTENER AND LAXATIVE
HEMATINIC
INSULIN
INSULIN, BIOSYNTHETIC HUMAN
PEDICULOCIDE
SMOKING CESSATION AGENTS
VITAMIN/MINERAL
UNCLASSIFIED

For detailed information on covered non-prescription/OTC drugs including National Drug Codes (NDC's) and maximum reimbursable amounts (MRA) refer to the New York State Medicaid Pharmacy List of Reimbursable Drugs available at: <https://www.emedny.org/info/formfile.aspx>

Reimbursement of non-prescription drugs 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 MRA established and maintained as listed.

All non-prescription drugs may be refilled up to five times.

4.2 ENTERAL AND PARENTERAL THERAPY

ENTERAL FORMULAE AND ENTERAL SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
B4034#	Enteral feeding supply kit; syringe fed, per day	up to 30/mo
B4035#	Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036#	Enteral feeding supply kit; gravity fed, per day	up to 30/mo
	<ul style="list-style-type: none"> 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. 	
B4081#	Nasogastric tubing with stylet	one
B4082#	Nasogastric tubing without stylet	up to 2
B4083#	Stomach tube - Levine type	up to 2
B4087#	Gastrostomy/jejunostomy tube, standard, any material, any type, each	one
B4088#	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	one/3 months
	<ul style="list-style-type: none"> For beneficiaries who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated. 	
B4100#	Food thickener, administered orally, per ounce	up to 180
B4149*	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
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
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
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
B4154*	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins	up to 600 caloric units

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	and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 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
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
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
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
B4160*	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
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
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
B9998	Not otherwise classified enteral supplies (e.g., flavor packets, liquid vitamin E)	up to 90
S8265#	Haberman feeder for cleft lip/palate	up to 2 per 30 days

ENTERAL NUTRITIONAL FORMULA

Benefit Coverage Criteria is limited to:

- Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
- Beneficiaries with inborn metabolic disorders.

- Children up to **21 years** of age, who require liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.
- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and** who;
 - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; **or**
 - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6 month period, up to 1,000 calories per day; **or**
 - require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated.

Documentation Requirements

- The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized practitioner. It is the responsibility of the practitioner to maintain documentation in the beneficiary's record regarding the medical necessity for enteral nutritional formula.
- The physician or other appropriate health care practitioner has documented the beneficiary's nutritional depletion.
- Medical necessity for enteral nutritional formula must be substantiated by documented physical findings and/or laboratory data (e.g., changes in skin or bones, significant loss of lean body mass, abnormal serum/urine albumin, protein, iron or calcium levels, or physiological disorders resulting from surgery, etc.)
- Documentation for beneficiaries who qualify for enteral formula benefit must include an established diagnostic condition and the pathological process causing malnutrition and one or more of the following items:
 - (a) Clinical findings related to the malnutrition such as a recent involuntary weight loss or a child with no weight or height increase for six months.
 - (b) Laboratory evidence of low serum proteins (i.e., serum albumin less than 3 gms/dl; anemia or leukopenia less than 1200/cmm);
 - (c) Failure to increase body weight with usual solid or oral liquid food intake.

Additional Information:

- Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.
- 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.
- 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. For requests that exceed 2,000 calories per day for qualifying beneficiaries, a prior approval request may be submitted with medical justification.

- The New York State Medicaid Program does not cover enteral nutritional therapy as a convenient food substitute.
- Standard milk-based infant formulas are not reimbursable by Medicaid.

Related Links:

The NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at:

<https://www.emedny.org/ProviderManuals/DME/communications.html>

The enteral product classification list is available at:

<https://www.emedny.org/ProviderManuals/DME/communications.html>

PARENTERAL FORMULAE AND PARENTERAL SUPPLIES

- B4164 Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – home mix
- B4168 Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – home mix
- B4172 Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – home mix
- B4176 Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – home mix
- B4178 Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – home mix
- B4180 Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) home mix
- B4185 Parenteral nutrition solution, per 10 grams lipids
- 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
- 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
- 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
- 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
- B4216 Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day
- B4220 Parenteral nutrition supply kit, premix, per day
- B4222 Parenteral nutrition supply kit, home mix, per day
- B4224 Parenteral nutrition administration kit, per day
- B5000 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – (Amirosyn RF, NephAmine, RenAmine) – premix
- B5100 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – (FreAmine HBC, HepatAmine) - premix

- 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
- B9999 Not otherwise classified parenteral supplies

4.3 MEDICAL/SURGICAL SUPPLIES

ADHESIVE TAPE/REMOVER

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4450	Tape, non-waterproof, per 18 square inches	(up to 300)
A4452	Tape, waterproof, per 18 square inches	(up to 100)
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	(up to 40)

ANTISEPTICS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4244	Alcohol or peroxide, per pint	(up to 5)
A4245	Alcohol wipes, per box(100's)	each (up to 5)
A4246	Betadine or pHisoHex solution, per pint	(up to 3)

BREAST PUMPS

E0602/E0603 include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0602	<p>Breast pump, manual, any type</p> <p>The manual pump must:</p> <ul style="list-style-type: none"> • Not be a bulb-type manual pump. • Have a suction source that is independent of the collection container and the pump cylinder cannot be used as a milk-collecting container. • Be packaged pre-assembled with all parts necessary for pumping with a minimum of one hand and be intended for a single user. • Be lightweight and portable requiring no electricity. • Have safety precautions to prevent suction from getting too high, > 250 mm Hg. • Have a comfort cushion and spring or similar for easier hand pumping. • Include breast flanges that are either adjustable/flexible or come in at least two (2) sizes to accommodate different breast sizes with no sharp edges. • Include a collection bottle of four to six ounces with a spill-proof cap and standard-size opening, and be bisphenol-A (BPA) and DHEP-free. • Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning which are scratch resistant and non-breakable. 	each (up to 1)

The manual pedal pump must:

- Be an easy-to-assemble wooden pedal pump which requires no electricity and is powered by the leg and foot muscles. This pump can be useful for mothers with compromised hand or arm movements.
- Include an express spring for easier use.

Work with a double pumping collection kit.

E0603# Breast pump, electric (AC and/or DC), any type each (up to 1)

The electric personal use/single-user pump must:

- Be lightweight and portable. The total weight of furnished assembly should not exceed 10 pounds.
- Be packaged pre-assembled with all parts necessary for pumping. Assembly includes but not limited to pump motor unit, minimum 5 feet-long electric cord, and double pumping collection kit.
- Operate on a 110-volt household current and be UL listed.
- Have an adjustable suction pressure between 50 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer's instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have single and double pumping capacity and capable of maintaining a consistent vacuum (no pressure change) as the collection container fills regardless of the container size and whether single or double pumping.
- Have double pumping capacity which is simultaneous, not alternating.
- Have a visible breast milk pathway and no milk is able to contact the internal pump-motor unit parts at any time when the product is used per manufacturer instructions.
- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Include a collection bottle of four to six ounces with a spill-proof cap and standard-size opening, and be bisphenol-A (BPA) and DHEP-free.
- Include a durable soft-sided carrying case with a storage compartment to hold pumping accessories and an insulated cooling compartment including freezer packs for storing expressed breast milk; this is recommended especially for women returning to work or school.
- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended for flexibility of pumping.

Minimum Breast Pump Specifications for Single-User/Multi-User* Double Pumping Kits

*Use with hospital grade rentals.

The kit must:

- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously or only one breast manually.
- Include at least two collection bottles of four (4) to six (6) ounces with a spill-proof cap and standard-sized opening, and be bisphenol-A (BPA) and DHEP-free.
- Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning which are scratch resistant and non-breakable.
- Have durable tubing designed for long-term pumping use.
- Design and materials of the furnished assembly shall allow viewing the breast milk pathway.

Include an adapter that can be used as an alternate power source other than electric; this is recommended and may come as part of pump assembly or pumping kit.

CANES/CRUTCHES/ACCESSORIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4635	Underarm pad, crutch, replacement, each	each (up to 2)
A4636	Replacement, handgrip, cane, crutch or walker, each	each (up to 2)
A4637	Replacement, tip, cane, crutch, or walker, each	each (up to 5)
E0100#	Cane, includes canes of all materials, adjustable or fixed, with tip	each (up to 1)
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)
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)
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)
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	each (up to 1)
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	each (up to 1)

INCONTINENCE APPLIANCES AND CARE SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4310	Insertion tray without drainage bag and without catheter (accessories only)	each (up to 4)
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 4)
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 4)
A4320	Irrigation tray with bulb or piston syringe, any purpose	each (up to 15)
A4322	Irrigation syringe, bulb or piston, each	each (up to 15)
A4326	Male external catheter with integral collection chamber, any type, each	each (up to 2)
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)
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	each (up to 5)
A4334	Urinary catheter anchoring device, leg strap, each	each (up to 8)
<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 4)
A4344	Indwelling catheter, Foley type, two-way, all silicone	each (up to 4)
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each	each (up to 4)
A4349	Male external catheter, with or without adhesive, disposable, each	each (up to 40)
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 250)
<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)
A4353	Intermittent urinary catheter, with insertion supplies	each (up to 60)
A4354	Insertion tray with drainage bag but without catheter	each (up to 4)

EXTERNAL URINARY SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4356	External urethral clamp or compression device (not to be used for catheter clamp),each	each (up to1)
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	each (up to 4)
A4358	Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each	each (up to 4)

OSTOMY SUPPLIES

(These codes must be billed for Ostomy care only)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4361#	Ostomy faceplate, each	each
A4362#	Skin barrier; solid 4x4 or equivalent, each	each (up to 20)
A4363#	Ostomy clamp, any type, replacement only, each	each
A4364#	Adhesive, liquid, or equal, any type, per ounce	each (up to 8)
A4366#	Ostomy vent, any type, each	each
A4367#	Ostomy belt, each	each
A4368#	Ostomy filter, any type, each	each (up to 20)
A4369#	Ostomy skin barrier, liquid (spray, brush, etc.), per ounce	each (up to 4)
A4371#	Ostomy skin barrier, powder, per ounce	each (up to 2)
A4372#	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	each (up to15)
A4373#	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	each (up to15)
A4375#	Ostomy pouch, drainable, with faceplate attached, plastic, each	each (up to 2)
A4376#	Ostomy pouch, drainable, with faceplate attached, rubber, each	each (up to 2)
A4377#	Ostomy pouch, drainable, for use on faceplate, plastic, each	each (up to 15)
A4378#	Ostomy pouch, drainable, for use on faceplate, rubber, each	each (up to 2)
A4379#	Ostomy pouch, urinary, with faceplate attached, plastic	each (up to 15)
A4380#	Ostomy pouch, urinary, with faceplate attached, rubber, each	each (up to 2)
A4381#	Ostomy pouch, urinary, for use on faceplate, plastic, each	each (up to 10)
A4382#	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	each (up to 15)
A4383#	Ostomy pouch, urinary, for use on faceplate, rubber	each (up to 2)
A4384#	Ostomy faceplate equivalent, silicone ring, each	each (up to 10)
A4385#	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	each (up to 15)
A4387#	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4388#	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)
A4389#	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4390#	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4391#	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	each (up to 15)
A4392#	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4393#	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4394#	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	each (up to 8)
A4395#	Ostomy deodorant for use in ostomy pouch, solid, per tablet	each (up to 60)
A4396#	Ostomy belt with peristomal hernia support	each (up to 2)
A4397#	Ostomy irrigation supply; sleeve, each	each (up to 4)
A4398#	Ostomy irrigation supply; bag, each	each
A4399#	Ostomy irrigation supply; cone/catheter, including brush	each (up to 1)
A4400#	Ostomy irrigation set	each (up to 4)
A4402#	Lubricant, per ounce	(up to 8)
A4404#	Ostomy ring, each	each (up to 10)
A4405#	Ostomy skin barrier, non-pectin based, paste, per ounce	each (up to 8)
A4406#	Ostomy skin barrier, pectin-based, paste, per ounce	each (up to 8)
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 8)
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 8)
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 8)
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 8)
A4411#	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	each (up to 8)
A4412#	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each (used after ostomy surgery)	each (up to 15)
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)
A4414#	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	each (up to 20)
A4415#	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each	each (up to 20)
A4416#	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	each (up to 60)
A4417#	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	each (up to 60)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4418#	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	each (up to 60)
A4419#	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	each (up to 60)
A4420#	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	each (up to 60)
A4421	Ostomy supply; miscellaneous	each (up to 15)
A4422#	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	each (up to 60)
A4423#	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	each (up to 60)
A4424#	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	each (up to 20)
A4425#	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each	each (up to 20)
A4426#	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each	each (up to 20)
A4427#	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each	each (up to 20)
A4428#	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	each (up to 15)
A4429#	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	each (up to 15)
A4430#	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece)	each (up to 15)
A4431#	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	each (up to 15)
A4432#	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	each (up to 15)
A4433#	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	each (up to 15)
A4434#	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	each (up to 15)
A4456#	Adhesive remover, wipes, any type, each	each (up to 50)
A4458#	Enema bag with tubing, reusable	each (up to 1)
A5051#	Pouch, closed; with barrier attached (1 piece), each	each (up to 60)
A5052#	Pouch, closed; without barrier attached (1 piece), each	each (up to 60)
A5053#	Pouch, closed; for use on faceplate, each	each (up to 60)
A5054#	Pouch, closed; for use on barrier with flange (2 piece), each	each (up to 60)
A5055#	Stoma cap	each
A5056#	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	each (up to 20)
A5057#	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity, with filter, (1 piece), each	each (up to 30)
A5061#	Pouch, drainable; with barrier attached (1 piece), each	each (up to 30)
A5062#	Pouch, drainable; without barrier attached (1 piece), each	each (up to 30)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A5063#	Pouch, drainable, for use on barrier with flange (2 piece system), each	each (up to 50)
A5071#	Pouch, urinary; with barrier attached (1 piece), each	each (up to 50)
A5072#	Pouch, urinary; without barrier attached (1 piece) each	each (up to 50)
A5073#	Pouch, urinary; for use on barrier with flange (2 piece), each	each (up to 50)
A5081#	Continent device; plug for continent stoma	each (up to 31)
A5082#	Continent device; catheter for continent stoma	each (up to 1)
A5093#	Ostomy accessory; convex insert	each (up to 5)

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A5105#	Urinary suspensory; with or without leg bag, with or without tube, each	each (up to 5)
A5112	Urinary leg bag; latex	each (up to 5)
A5113	Leg strap; latex, replacement only, per set	pair (up to 2 pair)
A5114	Leg strap; foam or fabric, replacement only, per set	pair (up to 2 pair)
A5120	Skin barrier, wipes or swabs, each (billed for ostomy care only)	each (up to 50)
A5121	Skin barrier; solid, 6x6 or equivalent, each	each (up to 20)
A5122	Skin barrier; solid, 8x8 or equivalent, each	each (up to 20)
A5126	Adhesive or non-adhesive; disc or foam pad	each (up to 30)
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 ounce.	each (up to 1)
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	each (up to 30)

COMMUNE ACCESSORIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0160#	Sitz type bath, or equipment, portable, used with or without commode	each (up to 1)
E0167#	Pail or pan for use with commode chair (replacement only)	each (up to 1)
E0275	Bed pan, standard, metal or plastic	each (up to 1)
E0276#	Bed pan, fracture, metal or plastic	each (up to 1)
E0325#	Urinal; male, jug-type, any material	each (up to 1)
E0326#	Urinal; female, jug-type, any material	each (up to 1)

DIABETIC DIAGNOSTICS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4233#	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 2)
A4234#	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 1)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4235#	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 1)
A4250	Urine test or reagent strips or tablets, (100 tablets or strips)	each (up to 2)
A4252#	Blood ketone test or reagent strip, each	each (up to 100)
A4256#	Normal, low and high calibrator solution/chips	each (up to 1)
A9275#	Home glucose disposable monitor, includes test strips	each (up to 2)
E2100#	Blood glucose monitor with integrated voice synthesizer	each (up to 1)

Coverage Criteria:

Disposable glucometers are reimbursable when the ordering practitioner documents in the patient's file one of these diagnoses or situations:

- person newly diagnosed with diabetes,
- diagnosed with gestational diabetes,
- diagnosed with Type 2 diabetes,
- in medical need of a treatment plan change from a traditional to disposable home glucometer,
- in medical need of an emergency replacement glucometer while awaiting prior approval of a traditional glucometer, or
- a child who requires testing in school.

Non-covered Indications:

- Disposable glucometers are not reimbursable as a back-up glucometer.
- Medicaid payment is only available for either a traditional glucometer or a disposable glucometer. If a disposable glucometer is dispensed, no additional strips are reimbursable.

DIABETIC DAILY CARE

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4206	Syringe with needle, sterile 1cc, each	each (up to 200)
A4207	Syringe with needle, sterile 2cc, each	each (up to 200)
A4208	Syringe with needle, sterile 3cc, each	each (up to 200)
A4209	Syringe with needle, sterile 5cc or greater, each	each (up to 200)
<u>A4211</u>	Supplies for self-administered injections (limited to supplies not otherwise listed)	each
A4213	Syringe, sterile, 20cc or greater, each	each (up to 200)
A4215	Needle, sterile, any size, each	each (up to 200)
A4221#	Supplies for maintenance of non-insulin drug infusion catheter; per week	(4) 1 unit = 1 week
<u>A4222</u>	Infusion supplies for external drug infusion pump, per cassette or bag	each (up to 30)
A4230#	Infusion set for external insulin pump, non needle cannula type	each (up to 30) (two month supply)
A4231#	Infusion set for external insulin pump, needle type	each (up to 24) (two month supply)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4232#	Syringe with needle for external insulin pump, sterile, 3cc	each (up to 30) (two month supply)
A4244	Alcohol or peroxide, per pint	(up to 5)
A4245	Alcohol wipes, per box (100's)	each (up to 5)
A4258	Spring-powered device for lancet, each	up to 1
A4259	Lancets, per box of 100	each (up to 2)
A4657	Syringe with or without needle, each (any size)	each unit (up to 200 units per month)
S5560#	Insulin delivery device, reusable pen; 1.5ml size	up to 1
S5561#	Insulin delivery device, reusable pen; 3ml size	up to 1
S8490	Insulin syringes (100 syringes, any size) (low dose, 0.3cc – 0.5cc)	100's (up to 2)

FAMILY PLANNING PRODUCTS (See Section 4.1)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4266	Diaphragm for contraceptive use (kit, e.g., All Flex, Coil, Flat Spring)	each (up to 1)
A4267	Contraceptive supply, condom, male, each	each (up to 108)
A4268	Contraceptive supply, condom, female, each	each (up to 108)

GLOVES

Gloves are reimbursable only when medically necessary for use by the beneficiary. Sterile gloves are only reimbursable when medically necessary to perform a sterile procedure. Gloves are not reimbursable as personal protective equipment for employees/caregivers or when included in a kit or tray (e.g., catheter or tracheostomy).

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4927#	Gloves, non-sterile, per 100	100's (up to 1)
A4930#	Gloves, sterile, per pair	pair (up to 30)

HEAT APPLICATION

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0210#	Electric heat pad, standard	each (up to 1)
E0215#	Electric heat pad, moist	each (up to 1)
A9273	Hot water bottle, ice cap, or collar, heat and/or cold wrap, any type	each (up to 1)

SYNTHETIC SHEEP SKIN AND DECUBITUS CARE

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0188	Synthetic sheepskin pad	each (up to 1)
E0191	Heel or elbow protector, each	each (up to 5)

MASTECTOMY CARE

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
L8000	Breast prosthesis, mastectomy bra	each (up to 2)
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	each (up to 2)
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	each (up to 2)
L8020	Breast prosthesis, mastectomy form	(1)
L8030	Breast prosthesis, silicone or equal, without integral adhesive	(1)
L8031	Breast prosthesis, silicone or equal, with integral adhesive	(1)
S8460	Camisole, post-mastectomy	each (up to 2)

RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES

NOTE: Supplies/parts are for patient-owned equipment only

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4481#	Tracheostoma filter, any type, any size, each (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter). <ul style="list-style-type: none"> • If ventilator-dependent, included in the 30 day ventilator rental fee. • Not to be billed in conjunction with E0465, E0466 	each (up to 30)
A4605	Tracheal suction catheter, closed system, each (for mechanical ventilation patient)	each (up to 15)
A4606	Oxygen probe for use with oximeter device, replacement	each (up to 1)
A4614	Peak expiratory flow meter, hand held	each (up to 1)
A4615	Cannula, nasal	each (up to 4)
A4616	Tubing, (oxygen), per foot (for patient owned respiratory equipment)	each (up to 30)
A4619	Face tent	each (up to 4)
A4620	Variable concentration mask	each (up to 4)
A4623	Tracheostomy, inner cannula	each (up to 5)
A4624	Tracheal suction catheter, any type, other than closed system, each (tray)	each (up to 250)
A4625	Tracheostomy care kit for new tracheostomy 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.	each (up to 90)
A4626	Tracheostomy cleaning brush	each (up to 2)
A4628	Oropharyngeal suction catheter, each (e.g., Yankauer)	each (up to 5)
A4629	Tracheostomy care kit for established tracheostomy 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.	each (up to 90)
A7000	Canister, disposable, used with suction pump, each	each (up to 10)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A7002	Tubing, used with suction pump, each (suction connection tubes)	each (up to 30)
A7003	Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable	each (up to 2)
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	each (up to 5)
A7005#	Administration set, with small volume non filtered pneumatic nebulizer, non-disposable	each (up to 1)
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	each (up to 5)
A7013	Filter, disposable, used with aerosol compressor	each (up to 5)
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	each (up to 1)
A7015	Aerosol mask, used with DME nebulizer	each (up to 1)
A7039	Filter, disposable, used with positive airway pressure device	each (up to 1)
A7048#	Filter, non-disposable, used with positive airway pressure device	each (up to 2)
A7048#	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	each (up to 30)
A7523	Tracheostomy shower protector, each	each (up to 1)
A7525	Tracheostomy mask, each	each (up to 4)
E0605#	Vaporizer, room type (coverable for treatment of respiratory illness; warm or cool mist)	each (up to 1)
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	each (up to 9)
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	each (up to 6)
S8100#	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	each (up to 2)
S8101#	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	each (up to 2)
S8189	Tracheostomy supply, not otherwise classified	up to 1/month

SUPPORT GOODS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4463	Surgical dressing holder, reusable, each	each (up to 5)
A4495#	Surgical stockings thigh length, each	each (up to 2)
A4500#	Surgical stockings below knee length	each (up to 2)
A4510#	Surgical stockings full length, each	each (up to 2)
A4565	Slings	each (up to 1)
A4570	Splint	each
L0120	Cervical, flexible, non-adjustable (foam collar)	each (up to 1)

THERMOMETERS

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4931	Oral thermometer, reusable, any type, each	each (up to 1)
A4932	Rectal thermometer, reusable, any type, each	each (up to 1)

UNDERPADS/DIAPERS/LINERS

Coverage Criteria:

- Diapers/Liners and underpads are covered for the treatment of incontinence only when the medical need is documented by the ordering practitioner and maintained in the beneficiary's clinical file.

Non-Covered Indications:

- Diapers/Liners will not be covered for children under the age of three as they are needed as part of the developmental process.
- Incontinence liners are not menstrual pads. Personal hygiene products such as menstrual pads are not covered.

General Guidelines:

- The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper/liner dispensed.
- Up to a total of 250 disposable diapers and/or liners are allowed per 30 days, providing for up to 8 changes per day. Claims for any combination of diapers and/or liners over 250 per 30 days will be denied.
- The quantity limits reflect amounts required to meet the medical need for a beneficiary's incontinence treatment plan.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4335	Incontinence supply; miscellaneous	up to 1/month
A4554#	Disposable underpads, all sizes, (e.g., Chux's)	each (up to 300)
T4521#	Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")	each (up to 250)
T4522#	Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")	each (up to 250)
T4523#	Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")	each (up to 250)
T4524#	Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip 60"-62")	each (up to 250)
T4529#	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)	each (up to 250)
T4530#	Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)	each (up to 250)
T4533#	Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)	each (up to 250)
T4535#	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	each (up to 250)
T4537#	Incontinence product, protective underpad, reusable, bed size, each	each (up to 3)

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
T4539#	Incontinence product, diaper/brief, reusable, any size, each	each (up to 5)
T4540#	Incontinence product, protective underpad, reusable, chair size, each	each (up to 3)
T4543	Disposable incontinence product, brief/diaper, bariatric, each (waist/hip >62")	each (up to 250)

WOUND DRESSINGS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6010#	Collagen based wound filler, dry form, per gram of collagen	up to 30
A6011#	Collagen based wound filler, gel/paste, per gram of collagen	up to 30
A6021#	Collagen dressing, pad size 16 sq. in. or less, each	up to 5
A6022#	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	up to 5
A6023#	Collagen dressing, pad size more than 48 sq. in., each	up to 5
A6024#	Collagen dressing wound filler, per 6 inches	up to 3
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	up to 30
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 30
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	up to 15
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	up to 60
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
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 30
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
A6206	Contact layer, 16 sq. in., or less, each dressing	up to 30
A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6208	Contact layer, more than 48 sq. in., each dressing	up to 15
A6209	Foam dressing, wound cover, pad size 16 sq. in, or less, without adhesive border, each dressing	up to 30
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 30
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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 30
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 120
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 120
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 60
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 120
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
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
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
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 60
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	up to 15
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
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
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	up to 30
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
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	up to 30
A6234	Hydrocolloid dressing, wound cover pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
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

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
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
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	up to 20
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	up to 25
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
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
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
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
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	up to 30
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
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 30
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
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 30
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6257	Transparent film, 16 sq. in. or less, each dressing	up to 30
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6259	Transparent film, more than 48 sq. in., each dressing	up to 30
<u>A6261</u>	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	up to 30
<u>A6262</u>	Wound filler, dry form, per gram, not elsewhere classified	up to 30

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	up to 30
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 180
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 120
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard	up to 30
A6410	Eye pad, sterile, each	up to 50
A6411	Eye pad, non-sterile, each	up to 50
A6412	Eye patch, occlusive, each	up to 30
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
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	up to 120
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 120
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 120
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 120
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 120
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 120
A6448	Light compression bandage, elastic, knitted/ woven, width less than three inches, per yard	up to 90
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
A6450	Light compression bandage, elastic, knitted/ woven, width greater than or equal to five inches, per yard	up to 90
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
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
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	up to 30

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	up to 30
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 24
A6457	Tubular dressing with or without elastic, any width, per linear yard	up to 25
A6550#	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	up to 15

VARIOUS MISCELLANEOUS

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4216	Sterile water, saline, and/or dextrose (diluent), 10ml	up to 120
A4217	Sterile water/saline, 500ml	up to 10
A4221#	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately) (Bill 1 occurrence every 30 days) <ul style="list-style-type: none"> 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. 	each unit (up to 200 units per 30 days)
A4657	Syringe with or without needle, each (any size)	each unit (up to 200 units per month)
A4305	Disposable drug delivery system, flow rate of 50ml or greater per hour	once/month
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	once/month
A4649	Surgical supply; miscellaneous	once/month
A4660#	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type	up to 1
A4670	Automatic blood pressure monitor <u>Coverage Criteria:</u> <ul style="list-style-type: none"> The monitor must be ordered by a qualified practitioner as part of a comprehensive treatment plan that requires member monitoring and recording of blood pressure readings in the home. Replacement due to other factors not covered by the manufacturer's warranty requires prior approval. Documentation of use and compliance to the physician treatment plan for monitoring blood pressure in the home must be submitted with the request. 	one/every 5 years

Pharmacy Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>A9276</u>	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	30 units/month
<u>A9277</u>	Transmitter; external, for use with interstitial continuous glucose monitoring system	1 unit/every 3 months
<u>A9278</u>	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	1unit/every 3 years
<u>A9999</u>	Miscellaneous DME supply or accessory, not otherwise specified	once/month
E0710	Restraints, any type (body, chest, wrist or ankle)	each (up to 4)
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	each (up to 200)
K0552#	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	up to 30
<u>K0553</u>	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply=1 unit of service (The supply allowance (K0553) includes all supplies necessary for monitoring glucose levels using CGM, which includes but is not limited to: therapeutic sensors, therapeutic transmitters, test strips, home glucose monitor, lancets, alcohol wipes, batteries.)	1 unit/once a month
<u>K0554</u>	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system	1 unit/every 3 years

CGM Coverage Guidelines:

Members who meet the following criteria may be eligible for a CGM device.

The member must have a diagnosis of Type 1 diabetes and ALL of the following:

- Be under the care of the endocrinologist or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device
- Be currently performing multiple finger-stick glucose tests daily
- Be on an insulin treatment plan that requires frequent adjustment of insulin dosing; and
- Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately

Additional CGM Guidelines:

- Only providers who have had a recent (within the last 6 months) visit with their patient should order a CGM.

Pharmacy Procedure Codes

- Prescribers should be actively monitoring their patients to ensure adherence to treatment plans. Diabetes education is strongly encouraged.
- Ordering providers should verify that manufacturer’s recommendations for appropriate age range, testing and calibration requirements, etc. are met prior to prescribing the CGM device.
- **Members** must comply with the manufacturer’s specified finger stick testing recommendations for the CGM device prescribed.
- Only one type of monitor will be covered: either therapeutic (such as but not limited to DexCom G6) or non-therapeutic (such as but not limited to Medtronic Minimed).
- Ancillary devices (such as but not limited to smart phones, tablets, personal computers) are not covered.
- Replacement will be considered when medically necessary and outside of manufacturer’s warranty and not for recent technology upgrades.
- Repairs will be funded if outside of manufacturer’s warranty and cost effective (< 50% of Fee).
- Claims submitted for all supplies and receiver (monitor) without a diagnosis of Type 1 diabetes will be denied.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>T5999</u>	Supply, not otherwise specified (limited to the following previously state-defined codes): Plastic strips Basal thermometer Sterile 6” wood applicator w/cotton tips Incentive spirometer Nasal aspirator	50’s (up to 5) each (up to 1) 100’s (up to 1) each (up to 1) each (up to 1)
<u>S5001</u>	Prescription Drug, brand name	Pharmacy PA

4.4 HEARING AID BATTERY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	each (up to 60)
V5266	Battery for use in hearing device (any type) (up to a two-month supply may be dispensed on one date of service)	each (up to 24)

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 PHARMACISTS AS IMMUNIZERS

The administration of select vaccines by qualified pharmacists employed by, or under contract with, Medicaid enrolled pharmacies is reimbursable under NYS Medicaid. Administration of vaccines is conducted pursuant to NYS Education Law and regulations (8NYCRR63.9) which permits licensed pharmacists who obtain additional certification to administer influenza and pneumococcal vaccinations to adults 18 years of age and older.

Reimbursement is based on a patient specific or non-patient specific order. These orders must be kept on file at the pharmacy. The ordering prescriber's NPI is required on the claim for the claim to be paid.

Pharmacies must bill the administration and cost of the vaccine using the following **procedure codes**. NDCs are not to be used to bill the vaccine product. Reimbursement for the product is made at no more than the actual acquisition cost to the pharmacy. No dispensing fee or enrollee co-payment applies. Pharmacies must bill with a quantity of "1" and a day supply of "1".

- 90460 Immunization administration through 18 years of age via any route of administration with counseling; first or only component of each vaccine or toxoid administered (to be used by VFC enrolled pharmacies when administering vaccines obtained from VFC Program)
- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
- 90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
- 90473 Immunization administration by intranasal or oral route: 1 vaccine (single or combination vaccine/toxoid)
- 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use
- 90621 Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use
- 90653 Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
- 90656+ Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90658+ Influenza virus vaccine, trivalent, (IIV3), split virus, 0.5 mL dosage, for intramuscular use
- 90661+ Influenza virus vaccine (cIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90662+ Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
- 90670+ Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
- 90672+ Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
- 90673+ Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- 90674+ Influenza virus vaccine; quadrivalent (cIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90682+ Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use

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- 90686+ Influenza virus vaccine, quadrivalent,(IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90688+ Influenza virus vaccine, quadrivalent,(IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90694+ Influenza virus vaccine, quadrivalent, (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use.
- 90714 Tetanus and diphtheria toxoids adsorbed,(Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
- 90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
- 90732+ Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous for intramuscular use
- 90733 Meningococcal polysaccharide, serogroups A,C,Y,W-135,quadrivalent (MPSV4),for subcutaneous use
- 90734 Meningococcal conjugate vaccine, serogroups A,C,Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use
- 90736+ Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
- 90750+ Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
- 90756+ Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use

+The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert acquisition cost per dose in amount charged field on claim form.

~The H1N1 vaccine is being provided free by the Centers for Disease Control and Prevention. Therefore, while administration of the H1N1 vaccine is reimbursable by Medicaid, the vaccine product itself is not.