

**Medical Supplies Billing Codes, Units and Quantity Limits**

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit billing number (NDC). **The NDC billed must be an exact match for the product dispensed.** This List is subject to change with notification in the provider bulletins. Updates or additions to the spreadsheet will be noted in the "Description of Change" column. Deletions will be on the tab labeled "Medical Supplies Deletions." "MAPC" refers to the maximum allowable product cost reimbursed.

Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A4206	Syringe/Needle	No	Syringe with needle, sterile, 1 milliliters or less,	By Report	each	No	200 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4207	Syringe/Needle	No	Syringe with needle, sterile 2 milliliters	By Report	each	No	200 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4208	Syringe/Needle	No	Syringe with needle, sterile 3 milliliters	By Report	each	No	200 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4209	Syringe/Needle	No	Syringe with needle, sterile 5 milliliters or greater	By Report	each	No	200 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4212	Syringe/Needle	No	Non-coring needle	By Report	each	No	6 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4213	Miscellaneous	No	Syringe, bulb type (infant nasal aspirators, ear and ulcer bulb syringes)	By Report	each	No	one per 365-day period	None	Prior to 2/16/2015	Not available	September 2017
A4215	Syringe/Needle	Yes	Needle, sterile, any size, each	Refer to the List of Covered Sterile Needles (Excluding Pen Needles)	each	No	100 per 27-day period	Effective for dates of service on or after January 1, 2021, pen needles are no longer billed using HCPCS A4215. Pen needles are pharmacy provider billing only, subject to a product list, using the product NDC on a pharmacy claim effective for dates of service on or after January 1, 2021.	1/1/2021	Added text to additional coverage and billing information cell, and added effective date of change	September 2020
A4223	Infusion Supply	No	Intravenous administration set (with or without infusion pump), hypodermoclysis administration set, connecting device, heparin lock caps	By Report	each	No	30 per 27-day period	None	Prior to 2/16/2015	Not available	May 2020
A4230	Diabetic Supply	No	Infusion set for external insulin pump, non needle cannula type	\$10.07	each	No	24 per 27-day period	None	Prior to 2/16/2015	Not available	May 2020
A4231	Diabetic Supply	No	Infusion set for external insulin pump, needle type	\$5.10	each	No	24 per 27-day period	None	Prior to 2/16/2015	Not available	May 2020
A4232	Diabetic Supply	No	Syringe with needle for external insulin pump, sterile, 3cc	\$2.09	each	No	24 per 27-day period	None	Prior to 2/16/2015	Not available	May 2020
A4244	Miscellaneous	No	Alcohol	By Report	milliliters	No	473 milliliters per 81-day period	Code I Restriction - 91% or 99% isopropyl only	Prior to 2/16/2015	Not available	September 2017
A4245	Miscellaneous	No	Alcohol wipes or 70% isopropyl alcohol swabsticks	\$0.0105	each	No	200 per 27-day period	Swabsticks are Code I Restricted - for use when cleansing the skin at central or peripheral catheter exit site during dressing changes and for intravenous starts	Prior to 2/16/2015	Not available	September 2017
A4246	Miscellaneous	No	Betadine or phisohex solution	By Report	milliliters	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4247	Miscellaneous	No	Povidone-iodine swabsticks	By Report	each	No	200 per 27-day period	Code I Restriction - for use when cleansing the skin at central or peripheral catheter exit site during dressing changes and for intravenous starts	Prior to 2/16/2015	Not available	September 2017
A4248	Miscellaneous	No	Chlorhexidine containing antiseptic, 1 milliliters	By Report	milliliters	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4256	Diabetic Supply	No	Normal, low and high calibrator solution / chips	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4305	Infusion Supply	No	Disposable drug delivery system, flow rate of 50 milliliters or greater per hour	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4306	Infusion Supply	No	Disposable drug delivery system, flow rate of less than 50 milliliters per hour	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4310	Urological Supply	No	Insertion tray without drainage bag and without catheter (accessories only)	\$7.33	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4311	Urological Supply	No	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$14.10	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4312	Urological Supply	No	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	\$17.14	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4313	Urological Supply	No	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	\$17.59	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017

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A4314	Urological Supply	No	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$24.03	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4315	Urological Supply	No	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	\$25.07	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4316	Urological Supply	No	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	\$26.98	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4320	Urological Supply	No	Irrigation tray with bulb or piston syringe, any purpose	\$4.30	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4322	Miscellaneous	No	Irrigation syringe, bulb or piston, each	\$2.89	each	No	90 per 81-day period	None	Prior to 2/16/2015	Added to miscellaneous category	September 2020
A4326	Urological Supply	No	Male external catheter with integral collection chamber, any type, each	\$9.35	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4327	Urological Supply	No	Female external urinary collection device; meatal cup, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4328	Urological Supply	No	Female external urinary collection device; pouch, each	\$9.93	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4330	Miscellaneous	No	Perianal fecal collection pouch with adhesive, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4331	Urological Supply	No	Extension drainage tubing, any type, any length with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	\$3.02	each	No	12 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4332	Miscellaneous	No	Lubricant, individual sterile packet	\$0.0290	gram	No	240 grams per 27-day period	Code I Restriction - For use with urological non-hydrophilic catheters only.	Prior to 2/16/2015	Not available	September 2017
A4333	Urological Supply	No	Urinary catheter anchoring device, adhesive skin attachment, each	\$7.50	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4334	Urological Supply	No	Urinary catheter anchoring device, leg strap, each	\$4.68	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4338	Urological Supply	No	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$9.32	each	No	105 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4340	Urological Supply	No	Indwelling catheter; specialty type, eg: coude, mushroom, wing, etc.), each	\$23.00	each	No	105 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4344	Urological Supply	No	Indwelling catheter, foley type, two-way, all silicone, each	\$13.00	each	No	105 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4346	Urological Supply	No	Indwelling catheter; foley type, three way for continuous irrigation, each	\$15.00	each	No	105 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4349	Urological Supply	No	Male external catheter, with or without adhesive, disposable, each	\$1.50	each	No	105 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4351	Urological Supply	Yes	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Refer to the List of Contracted Intermittent Urinary Catheters	each	No	150 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4352	Urological Supply	Yes	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Refer to the List of Contracted Intermittent Urinary Catheters	each	No	150 per 27-day period	None	Prior to 2/16/2015	Not available	September 2017
A4353	Urological Supply	No	Intermittent urinary catheter, with insertion supplies	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4354	Urological Supply	No	Insertion tray with drainage bag but without catheter	\$11.21	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4355	Urological Supply	No	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	\$8.46	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4356	Urological Supply	No	External urethral clamp or compression device (not to be used for catheter clamp), each	\$48.00	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4357	Urological Supply	No	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	\$9.22	each	No	9 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4358	Urological Supply	No	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$6.20	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4361	Ostomy Supply	No	Ostomy faceplate, each	\$13.45	each	No	3 per 81-day period	None	1/1/2019	Not available	October 2018
A4362	Ostomy Supply	No	Skin barrier; solid 4" x 4" or equivalent, each	\$3.90	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018

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A4363	Ostomy Supply	No	Ostomy clamp, any type, replacement only, each	\$2.00	each	No	6 per 81-day period	None	1/1/2019	Not available	October 2018
A4364	Ostomy Supply	No	Adhesive, liquid or equal, any type	\$0.2510	milliliters	No	360 per 81-day period	None	1/1/2019	Not available	October 2018
A4366	Ostomy Supply	No	Ostomy vent, any type, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4367	Ostomy Supply	No	Ostomy belt, each	\$7.50	each	No	3 per 81-day period	None	1/1/2019	Not available	October 2018
A4368	Ostomy Supply	No	Ostomy filter, any type, each	\$0.30	each	No	90 per 81-day period	None	6/1/2016	Not available	September 2017
A4369	Ostomy Supply	No	Ostomy skin barrier, liquid (spray/brush etc)	\$0.07	milliliters	No	180 milliliters per 81-day period	None	1/1/2019	Not available	October 2018
A4371	Ostomy Supply	No	Ostomy skin barrier, powder	\$0.2483	gram	No	180 gm per 81-day period	None	1/1/2019	Not available	October 2018
A4372	Ostomy Supply	No	Ostomy skin barrier, solid 4" x 4" or equivalent; standard wear, built-in convexity, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4373	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordian), with built-in convexity, any size, each	\$6.36	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4375	Ostomy Supply	No	Ostomy pouch, drainable with faceplate attached, plastic, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4376	Ostomy Supply	No	Ostomy pouch, drainable with faceplate attached, rubber, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4377	Ostomy Supply	No	Ostomy pouch, drainable for use on faceplate, plastic, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4378	Ostomy Supply	No	Ostomy pouch, drainable, for use on faceplate, rubber, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4379	Ostomy Supply	No	Ostomy pouch, urinary, with faceplate attached, plastic, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4380	Ostomy Supply	No	Ostomy pouch, urinary, with faceplate attached, rubber, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4381	Ostomy Supply	No	Ostomy pouch, urinary, for use on faceplate, plastic, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4382	Ostomy Supply	No	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4383	Ostomy Supply	No	Ostomy pouch, urinary, for use on faceplate, rubber, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4384	Ostomy Supply	No	Ostomy faceplate equivalent, silicone ring, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4385	Ostomy Supply	No	Ostomy skin barrier, solid 4" x 4" or equivalent, extended wear, without built-in convexity, each	\$5.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4387	Ostomy Supply	No	Ostomy pouch, closed with barrier attached, with built-in convexity (1-Pc), each	\$3.72	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4388	Ostomy Supply	No	Ostomy pouch, drainable with extended wear barrier attached, (1-Pc), each	\$4.50	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4389	Ostomy Supply	No	Ostomy pouch, drainable with barrier attached, with built-in convexity (1-Pc), each	\$8.87	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4390	Ostomy Supply	No	Ostomy pouch, drainable with extended wear barrier attached, with built-in convexity (1-Pc), each	\$9.50	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4391	Ostomy Supply	No	Ostomy pouch, urinary with extended wear barrier attached (1-Pc), each	\$6.91	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4392	Ostomy Supply	No	Ostomy pouch, urinary with standard wear barrier attached, with built-in convexity (1-Pc) each	\$7.66	each	No	90 per 81-day period	None	6/1/2016	Not available	September 2017
A4393	Ostomy Supply	No	Ostomy pouch, urinary with extended wear barrier attached, with built-in convexity (1-Pc), each	\$9.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4394	Ostomy Supply	No	Ostomy deodorant with or without lubricant, for use in ostomy pouch	\$0.0781	milliliters	No	720 milliliters per 81-day period	None	1/1/2019	Not available	October 2018
A4395	Ostomy Supply	No	Ostomy deodorant for use in ostomy pouch, solid, per tablet	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4396	Ostomy Supply	No	Ostomy belt w/peristomal hernia support	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4397	Ostomy Supply	No	Irrigation supply; sleeve, each	\$4.98	each	No	12 per 81-day period	None	1/1/2019	Not available	October 2018
A4398	Ostomy Supply	No	Ostomy irrigation supply; bag, each	\$14.50	each	No	1 per 81-day period	None	1/1/2019	Not available	October 2018
A4399	Ostomy Supply	No	Ostomy irrigation supply; cone/catheter, with or without brush	\$11.00	each	No	1 per 81-day period	None	1/1/2019	Not available	October 2018
A4400	Ostomy Supply	No	Ostomy irrigation set	\$50.00	each	No	1 per 81-day period	None	1/1/2019	Not available	October 2018
A4402	Ostomy/Urological Supply	No	Lubricant	\$0.0208	gram	No	240 grams per 27-day	For use with ostomy or urological supplies only	Prior to 2/16/2015	Not available	September 2017

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A4404	Ostomy Supply	No	Ostomy ring, each	\$1.73	each	No	30 per 81-day period	None	1/1/2019	Not available	October 2018
A4405	Ostomy Supply	No	Ostomy skin barrier, non-peclin based, paste	\$0.10	gram	No	360 gm per 81-day period	None	1/1/2019	Not available	October 2018
A4406	Ostomy Supply	No	Ostomy skin barrier, pectin-based, paste	\$0.20	gram	No	360 gm per 81-day period	None	1/1/2019	Not available	October 2018
A4407	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4" x 4" or smaller, each	\$9.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4408	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4" x 4", each	\$9.00	each	No	90 per 81-day period	None	6/1/2016	Not available	September 2017
A4409	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4" x 4" or smaller, each	\$6.74	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4410	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4" x 4", each	\$7.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4411	Ostomy Supply	No	Ostomy skin barrier solid 4" x 4" or equiv. extended wear, with built-in convexity, each	\$5.34	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4412	Ostomy Supply	No	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-Pc system) without filter, each	\$6.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4413	Ostomy Supply	No	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-Pc system) with filter, each	\$5.50	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4414	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordion), without built-in convexity, 4" x 4" or smaller, each	\$5.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4415	Ostomy Supply	No	Ostomy skin barrier with flange (solid, flexible or accordion), without built-in convexity, larger than 4" x 4", each	\$5.50	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4416	Ostomy Supply	No	Ostomy pouch, closed with barrier attached, with filter (1-Pc), each	\$2.70	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018
A4417	Ostomy Supply	No	Ostomy pouch, closed with barrier attached, with built-in convexity, with filter (1-Pc), each	\$3.72	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018
A4418	Ostomy Supply	No	Ostomy pouch, closed without barrier attached, with filter (1-Pc), each	\$2.55	each	No	180 per 81-day period	None	6/1/2016	Not available	September 2017
A4419	Ostomy Supply	No	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2-Pc), each	\$1.67	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018
A4420	Ostomy Supply	No	Ostomy pouch, closed; for use on barrier w/locking flange (2-Pc), each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4421	Ostomy Supply	No	Ostomy supply; MISCELLANEOUS	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4422	Ostomy Supply	No	Ostomy absorbent material (sheet, pad, crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	\$0.22	each	No	150 packets per 81-day period	None	1/1/2019	Not available	October 2018
A4423	Ostomy Supply	No	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2-Pc), each	\$1.90	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018
A4424	Ostomy Supply	No	Ostomy pouch, drainable, with barrier attached with filter (1-Pc), each	\$4.80	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4425	Ostomy Supply	No	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2-Pc system), each	\$3.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4426	Ostomy Supply	No	Ostomy pouch, drainable; for use on barrier with locking flange (2-Pc system), each	\$2.54	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4427	Ostomy Supply	No	Ostomy pouch, drainable; for use on barrier with locking flange with filter (2-Pc system) each	\$2.54	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4428	Ostomy Supply	No	Ostomy pouch, urinary with extended wear barrier attached, with faucet-type tap, with valve (1-Pc), each	\$6.77	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4429	Ostomy Supply	No	Ostomy pouch, urinary with barrier attached, with built-in convexity, with faucet-type tap with valve (1-Pc), each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4430	Ostomy Supply	No	Ostomy pouch, urinary with extended wear barrier attached, with built-in convexity, with faucet-type tap, with valve (1-Pc), each	\$8.50	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4431	Ostomy Supply	No	Ostomy pouch, urinary with barrier attached, with faucet-type tap, with valve (1-Pc), each	\$7.00	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018

**Medical Supplies Billing Codes, Units and Quantity Limits**

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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A4432	Ostomy Supply	No	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap, with valve (2-Pc), each	\$3.75	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4433	Ostomy Supply	No	Ostomy pouch, urinary; for use on barrier with locking flange (2-Pc), each	\$3.20	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A4434	Ostomy Supply	No	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap, with valve (2-Pc), each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4435	Ostomy Supply	No	Ostomy pouch, drainable, high output, with extended wear barrier (1-Pc system) with or without filter, each	By Report	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4455	Ostomy Supply	No	Adhesive remover/solvent (for tape, cement or other adhesive)	\$0.1962	milliliters	Yes	Not available	None	1/1/2019	Not available	October 2018
A4456	Ostomy Supply	No	Adhesive remover wipes, any type, each	\$0.22	each	No	100 wipes per 81-day period	None	1/1/2019	Not available	October 2018
A4461	Wound Care Supply	No	Surgical dressing holder, non-reusable, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4481	Tracheostomy Supply	No	Tracheostoma filter, any type, any size, each	By Report	each	No	90 per 81-day period	None	10/1/2015	Not available	September 2017
A4483	Tracheostomy Supply	No	Moisture exchanger, disposable, for use w/invasive mechanical ventilation	By Report	each	No	90 per 81-day period	Separately reimbursable for purchased (not rented) DME only.	Prior to 2/16/2015	Not available	May 2020
A4605	Tracheostomy Supply	Yes	Tracheal suction catheter, closed system, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4623	Tracheostomy Supply	Yes	Tracheostomy, inner cannula	Refer to the List of Contracted Tracheostomy Supplies	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4624	Tracheostomy Supply	Yes	Tracheal suction catheter, any type other than closed system, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	360 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4625	Tracheostomy Supply	No	Tracheostomy care kit for new tracheostomy	By Report	each	No	90 per 81-day period	Code I Restricted for use in patients with a new tracheostomy for up to three (3) months following an open surgical tracheostomy	10/1/2015	Not available	September 2017
A4626	Tracheostomy Supply	No	Tracheostomy cleaning brush, each	By Report	each	No	6 per 81-day period	None	10/1/2015	Not available	September 2017
A4628	Tracheostomy Supply	No	Oropharyngeal suction catheter, each	\$3.80	each	No	15 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4629	Tracheostomy Supply	Yes	Tracheostomy care kit for established tracheostomy	Refer to the List of Contracted Tracheostomy Supplies	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A4657	Syringe/Needle	No	Syringe, with or without needle (not otherwise classified)	\$0.43	each	No	100 per 27-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
A4927	Miscellaneous	No	Gloves, non-sterile	\$0.18	each	No	200 per claim and no more than one claim per 27-day period	Code I Restriction - For use in paraplegia or quadriplegia bowel procedures, and cleaning of bodily fluids and wastes for patients with Acquired Immune Deficiency Syndrome.	10/1/2020	MAPC increased from \$0.045 to \$0.18	December 2020
A4930	Miscellaneous	No	Gloves, sterile	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A4931	Miscellaneous	No	Thermometer, oral, reusable	\$2.05	each	No	one per 365-day period	None	Prior to 2/16/2015	Not available	September 2017
A4932	Miscellaneous	No	Thermometer, rectal, reusable	\$2.05	each	No	one per 365-day period	None	Prior to 2/16/2015	Not available	September 2017
A5051	Ostomy Supply	No	Ostomy pouch, closed with barrier attached (1-Pc) each	\$2.33	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018
A5052	Ostomy Supply	No	Ostomy pouch, closed; without barrier attached (1-Pc), each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5053	Ostomy Supply	No	Ostomy pouch, closed; for use on faceplate, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5054	Ostomy Supply	No	Ostomy pouch, closed; for use on barrier with flange (2-Pc), each	\$1.67	each	No	180 per 81-day period	None	1/1/2019	Not available	October 2018

Medical Supplies Billing Codes, Units and Quantity Limits											
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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A5055	Ostomy Supply	No	Stoma cap	\$1.80	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5056	Ostomy Supply	No	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1-Pc), each	\$5.26	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5057	Ostomy Supply	No	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity, with filter (1-Pc), each	\$10.81	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5061	Ostomy Supply	No	Ostomy pouch, drainable with barrier attached (1-Pc), each	\$4.30	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5062	Ostomy Supply	No	Ostomy pouch drainable without barrier attached (1-Pc), each	\$4.30	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5063	Ostomy Supply	No	Ostomy pouch, drainable; for use on barrier with flange (2-pc system), each	\$2.75	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5071	Ostomy Supply	No	Ostomy pouch, urinary with barrier attached (1-Pc), each	\$6.77	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5072	Ostomy Supply	No	Ostomy pouch, urinary without barrier attached (1-Pc), each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5073	Ostomy Supply	No	Ostomy pouch, urinary; for use on barrier with flange (2-Pc), each	\$3.20	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5081	Ostomy Supply	No	Stoma plug or seal, any type	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5082	Ostomy Supply	No	Continent device; catheter for continent stoma	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5083	Ostomy Supply	No	Continent device, stoma absorptive cover for continent stoma	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5093	Ostomy Supply	No	Ostomy accessory; convex insert	\$2.00	each	No	30 per 81-day period	None	6/1/2016	Not available	September 2017
A5102	Urological Supply	No	Bedside drainage bottle with or without tubing, rigid or expandable, each	\$21.30	each	No	15 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A5105	Urological Supply	No	Urinary suspensory with leg bag, with or without tube, each	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5112	Urological Supply	No	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	\$27.00	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A5113	Urological Supply	No	Leg strap; latex, replacement only, per set	\$3.80	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A5114	Urological Supply	No	Leg strap; foam or fabric, replacement only, per set	\$6.50	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A5120	Ostomy Supply	No	Skin barrier; wipes or swabs, each	\$0.20	each	No	100 wipes per 81-day period	None	1/1/2019	Not available	October 2018
A5121	Ostomy Supply	No	Skin barrier; solid 6" x 6" or equivalent, each	\$7.83	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5122	Ostomy Supply	No	Skin barrier; solid 8" x 8" or equivalent, each	\$16.25	each	No	90 per 81-day period	None	1/1/2019	Not available	October 2018
A5126	Ostomy Supply	No	Adhesive or non-adhesive disk or foam pad	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
A5131	Ostomy Supply	No	Appliance cleaner, ostomy appliances	\$0.03	milliliters	No	1440 milliliters per 81-day period	None	1/1/2019	Not available	October 2018
A5200	Urological Supply	No	Percutaneous catheter/tube anchoring device, adhesive skin attachment	\$10.67	each	No	18 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A6010	Wound Care Supply	No	Collagen based wound filler, dry form, sterile, per gram of collagen	\$23.19	gram	No	10 gm per wound per 15-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented.	4/1/2020	MAPC increased from \$22.27 to \$23.19, effective April 1, 2020	November 2019
A6021	Wound Care Supply	No	Collagen dressing, sterile, size 16 square inches or less, each	\$15.74	each	No	10 per wound per 27-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented.	4/1/2020	MAPC increased from \$15.12 to \$15.74, effective April 1, 2020	November 2019
A6022	Wound Care Supply	No	Collagen dressing, sterile, size more than 16 square inches but less than or equal to 48 square inches, each	\$15.74	each	No	10 per wound per 27-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented.	4/1/2020	MAPC increased from \$15.12 to \$15.74, effective April 1, 2020	November 2019
A6154	Wound Care Supply	No	Wound pouch, each	By Report	each	No	12 per wound* per 27-day period	*Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6196	Wound Care Supply	No	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 square inches or less, each dressing	\$5.29	each	No	30 per wound per 27-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented	4/1/2017	Not available	September 2017
A6197	Wound Care Supply	No	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, each dressing	\$12.31	each	No	30 per wound per 27-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$11.82 to \$12.31, effective April 1, 2020	November 2019
A6199	Wound Care Supply	No	Alginate or other fiber gelling dressing, wound filler, sterile	\$0.66	inches	No	180 inches per wound per 27-day period, up to 90-day duration of therapy	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$0.63 to \$0.66, effective April 1, 2020	November 2019
A6203	Wound Care Supply	No	Composite dressing, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$2.52	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$2.42 to \$2.52, effective April 1, 2020	November 2019

**Medical Supplies Billing Codes, Units and Quantity Limits**

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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A6204	Wound Care Supply	No	Composite dressing, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$4.48	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2017	Not available	September 2017
A6205	Wound Care Supply	No	Composite dressing, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	By Report	each	No	12 per wound* per 27-day period	*Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6206	Wound Care Supply	No	Contact layer, sterile, 16 square inches or less, each dressing	\$7.52	each	No	4 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6207	Wound Care Supply	No	Contact layer, sterile, more than 16 square inches but less than or equal to 48 square inches, each dressing	\$11.82	each	No	4 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6208	Wound Care Supply	No	Contact layer, sterile, more than 48 square inches, each dressing	\$33.61	each	No	4 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6209	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$5.59	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6210	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$14.92	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6211	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$23.49	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6212	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$8.00	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6213	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$14.05	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6214	Wound Care Supply	No	Foam dressing, wound cover, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	By Report	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6215	Wound Care Supply	No	Foam dressing, wound filler, sterile, per gram	By Report	gram	No	360 gm per wound* per 27-day period	*Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6216	Wound Care Supply	No	Gauze, non-impregnated, non-sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$0.04	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6217	Wound Care Supply	No	Gauze, non-impregnated, non-sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$0.08	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6218	Wound Care Supply	No	Gauze, non-impregnated, non-sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$0.25	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6219	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$0.76	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6220	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$2.06	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6221	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	\$2.06	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6222	Wound Care Supply	No	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$1.70	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6223	Wound Care Supply	No	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing	\$1.94	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017

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A6224	Wound Care Supply	No	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$2.89	each	No	50 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6228	Wound Care Supply	No	Gauze, impregnated, water or normal saline, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$0.04	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6229	Wound Care Supply	No	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$0.08	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6230	Wound Care Supply	No	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$0.25	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6231	Wound Care Supply	No	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 square inches or less, each dressing	\$3.51	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6232	Wound Care Supply	No	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 square inches, but less than or equal to 48 square inches, each dressing	\$5.50	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6233	Wound Care Supply	No	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 square inches, each dressing	\$15.35	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6234	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$5.61	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6235	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$12.50	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6236	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$20.41	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6237	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$6.32	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6238	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$17.07	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6239	Wound Care Supply	No	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	By Report	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6240	Wound Care Supply	No	Hydrocolloid dressing, wound filler, paste, sterile	\$0.33	gram	No	360 grams per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6241	Wound Care Supply	No	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	\$1.94	gram	No	90 grams per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6242	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$4.54	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6243	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$9.23	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$8.79 to \$9.23, effective April 1, 2020	November 2019
A6244	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$29.42	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$28.25 to \$29.42, effective April 1, 2020	November 2019
A6245	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$5.82	each	No	90 milliliters per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6246	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$7.94	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017

Medical Supplies Billing Codes, Units and Quantity Limits											
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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A6247	Wound Care Supply	No	Hydrogel dressing, wound cover, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	\$19.02	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6248	Wound Care Supply	No	Hydrogel dressing, wound filler, gel	\$0.40	milliliters	No	90 milliliters per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2017	Not available	September 2017
A6251	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size 16 square inches or less, without adhesive border, each dressing	By Report	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6252	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	By Report	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6253	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 square inches, without adhesive border, each dressing	By Report	each	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6254	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size 16 square inches or less, with any size adhesive border, each dressing	\$1.21	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6255	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing	\$2.42	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6256	Wound Care Supply	No	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 square inches, with any size adhesive border, each dressing	\$5.07	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6257	Wound Care Supply	No	Transparent film, sterile, 16 square inches or less, each dressing	\$1.15	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6258	Wound Care Supply	No	Transparent film, sterile, more than 16 square inches but less than or equal to 48 square inches, each dressing	\$3.29	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6259	Wound Care Supply	No	Transparent film, sterile, more than 48 square inches, each dressing	\$8.19	each	No	12 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	Not available	November 2019
A6261	Wound Care Supply	No	Wound filler, gel/paste, not otherwise specified	By Report	milliliters	No	360 milliliters per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6262	Wound Care Supply	No	Wound filler, dry form, per gram, not otherwise specified	By Report	gram	No	120 gm per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6266	Wound Care Supply	No	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	\$1.54	yards	No	25 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6402	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size 16 square inches or less, without adhesive border, each dressing	\$0.10	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6403	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size more than 16 square inches less than or equal to 48 square inches, without adhesive border, each dressing	\$0.34	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6404	Wound Care Supply	No	Gauze, non-impregnated, sterile, pad size more than 48 square inches, without adhesive border, each dressing	\$0.34	each	No	200 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6407	Wound Care Supply	No	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	\$1.40	yards	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	4/1/2020	MAPC increased from \$0.90 to \$1.40	November 2019
A6410	Wound Care Supply	No	Eye pad, sterile, each	\$0.31	each	No	100 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6411	Wound Care Supply	No	Eye pad, non-sterile, each	\$0.15	each	No	100 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6442	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	\$0.14	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017

**Medical Supplies Billing Codes, Units and Quantity Limits**

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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A6443	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$0.23	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6444	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	\$0.45	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6445	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	\$0.26	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6446	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	\$0.33	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6447	Wound Care Supply	No	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	\$0.54	yards	No	90 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6453	Wound Care Supply	No	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	\$0.49	yards	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6454	Wound Care Supply	No	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	\$0.62	yards	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6455	Wound Care Supply	No	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	\$1.11	yards	No	30 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A6457	Wound Care Supply	No	Tubular dressing with or without elastic, any width, per linear yard	By Report	yards	No	25 per wound per 27-day period	Code I Requirement: Number of wounds being treated must be documented	Prior to 2/16/2015	Not available	September 2017
A7002	Respiratory Supply	No	Tubing, used with suction pump, each	\$3.10	each	No	30 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7003	Respiratory Supply	No	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	By Report	each	No	6 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7004	Respiratory Supply	No	Small volume nonfiltered pneumatic nebulizer, disposable	By Report	each	No	6 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7006	Respiratory Supply	No	Administration set, with small volume filtered pneumatic nebulizer	By Report	each	No	3 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7007	Respiratory Supply	No	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	By Report	each	No	6 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7008	Respiratory Supply	No	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
A7010	Respiratory Supply	No	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	By Report	each	No	3 per 81-day period	None	Prior to 2/16/2015	Not available	May 2020
A7012	Respiratory Supply	No	Water collection device, used with large volume nebulizer	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
A7013	Respiratory Supply	No	Filter, disposable, used with aerosol compressor or ultrasonic generator	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
A7016	Respiratory Supply	No	Dome and mouthpiece, used with small volume ultrasonic nebulizer	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
A7501	Tracheostomy Supply	No	Tracheostoma valve, including diaphragm, each	By Report	each	No	3 per 81-day period	None	10/1/2015	Not available	September 2017
A7502	Tracheostomy Supply	No	Replacement diaphragm/faceplate for tracheostoma valve, each	By Report	each	No	3 per 81-day period	None	10/1/2015	Not available	September 2017
A7503	Tracheostomy Supply	No	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	By Report	each	No	one unit per claim up to 4 claims per year	None	Prior to 2/16/2015	Not available	September 2017
A7504	Tracheostomy Supply	No	Filter for use in a tracheostoma heat and moisture exchange system, each	By Report	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7505	Tracheostomy Supply	No	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	By Report	each	No	12 per 365-day period	None	Prior to 2/16/2015	Not available	September 2017
A7506	Tracheostomy Supply	No	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	By Report	each	No	90 per 81-day period	None	10/1/2015	Not available	September 2017
A7507	Tracheostomy Supply	No	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	By Report	each	No	1 unit per claim up to 4 claims per year	None	10/1/2015	Not available	September 2017

**Medical Supplies Billing Codes, Units and Quantity Limits**

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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
A7508	Tracheostomy Supply	No	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	By Report	each	No	90 per 81-day period	None	10/1/2015	Not available	September 2017
A7509	Tracheostomy Supply	No	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	By Report	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7520	Tracheostomy Supply	Yes	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	6 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7521	Tracheostomy Supply	Yes	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	6 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7522	Tracheostomy Supply	No	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	By Report	each	No	3 per 81-day period	None	10/1/2015	Not available	September 2017
A7523	Tracheostomy Supply	No	Tracheostomy shower protector, each	By Report	each	No	3 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7524	Tracheostomy Supply	No	Tracheostoma stent/stud/button, each	By Report	each	No	15 per 81-day period	None	10/1/2015	Not available	September 2017
A7525	Tracheostomy Supply	Yes	Tracheostomy mask, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	12 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7526	Tracheostomy Supply	Yes	Tracheostomy tube collar/holder, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	90 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
A7527	Tracheostomy Supply	Yes	Tracheostomy/laryngectomy tube plug/stop, each	Refer to the List of Contracted Tracheostomy Supplies	each	No	3 per 81-day period	None	Prior to 2/16/2015	Not available	September 2017
B4034	Enteral Feeding Supply	No	Enteral feeding supply kit; syringe fed	\$3.02	each	No	31 per 27-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4035	Enteral Feeding Supply	No	Enteral feeding supply kit; pump fed	\$3.85	each	No	31 per 27-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4036	Enteral Feeding Supply	No	Enteral feeding supply kit; gravity fed	\$2.66	each	No	31 per 27-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4081	Enteral Feeding Supply	No	Nasogastric tubing with stylet	\$16.37	each	No	6 per 365-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4082	Enteral Feeding Supply	No	Nasogastric tubing without stylet	\$11.99	each	No	6 per 365-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4083	Enteral Feeding Supply	No	Stomach tube - levine type	\$1.82	each	No	6 per 365-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4087	Enteral Feeding Supply	No	Gastrostomy/jejunostomy tube, standard, any material, any type, each	\$74.39	each	No	6 per 365-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B4088	Enteral Feeding Supply	No	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	\$119.79	each	No	6 per 365-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020

**Medical Supplies Billing Codes, Units and Quantity Limits**

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Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
B4105	Enteral Feeding Supply	No	In-line cartridge containing digestive enzyme(s) for enteral feeding	By Report	each	Yes	Not available	Coverage restricted for recipients with cystic fibrosis and exocrine pancreatic insufficiency diagnosis. Documentation on the Authorization Request must support the recipient meets all the conditions outlined in the <i>Medical Supplies</i> section of the provider manual.	1/1/2020	New code added	September 2020
B9998	Enteral Feeding Supply	No	Extension set for enteral feeding	\$10.1300	each	No	6 per 27-day period	Claims with date of service on or after December 1, 2020, cost documentation attachment (By Report) is no longer required	12/1/2020	Added MAPC (established price on file)	December 2020
B9999	Infusion Supply	No	Infusion Supplies not otherwise classified	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
J7131	Miscellaneous	No	Hypertonic saline solution, 1milliliters	\$0.1659	milliliters	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
L8501	Tracheostomy Supply	No	Tracheostomy speaking valve	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
NDC	Pharmacy Medical Supply	No	Cervical Cap, for contraceptive use, each	58.00	each	No	2 per 365-day period; 1 per dispensing	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Contraceptive supply, condom, internal, each	2.50	each	No	No more than 12 per claim and no more than 2 claims per 90-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Contraceptive supply, condom, male, each	0.2802	each	No	36 per 27-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Diaphragm, contoured for contraceptive use	70.86	each	No	one per 365-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Diaphragm, wide seal for contraceptive use	35.00	each	No	one per 365-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Heparin Flush Solution, 10 units/ml	0.0650	milliliters	No	Not available	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Heparin Flush Solution, 100 units/ml	0.6078	milliliters	No	Not available	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Inhaler, Assist Devices (Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler)	31.33	each	No	2 per 365-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Peak Flow Meters, Non-Electronic	15.76	each	No	one per 365-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Syringe, Normal Saline / 0.9% Sodium Chloride Flush	0.2234	milliliters	No	Not available	For use only for the flushing of indwelling vascular access devices. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	No	Syringes, Insulin U-500	0.3236	each	No	100 per 27-day period	Code I Restriction for use with Insulin, Regular, U-500 only. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020

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NDC	Pharmacy Medical Supply	No	Syringes, Insulin, any size	0.18	each	No	200 per 27-day period	Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	Yes	Blood glucose test or reagent strips for home blood glucose monitor	Refer to the List of Contracted Diabetic Supplies	each	No	For a diabetic beneficiary who is currently being treated with insulin injections, no more than 150 blood glucose test strips per claim, with no more than three (3) claims in a 90-day period. For a diabetic beneficiary who is not currently being treated with insulin injections, no more than 100 blood glucose test strips in a 90-day period. For a gestational diabetic beneficiary being treated with or without insulin injections, no more than 150 blood glucose test strips per claim, with no more than three (3) claims in a 90-day period	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	Yes	Blood ketone test or reagent strip	Refer to the List of Contracted Diabetic Testing Supplies	each	No	10 per claim and no more than three (3) claims in a 90-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	Yes	Lancets	Refer to the List of Contracted Diabetic Testing Supplies	each	No	For a diabetic beneficiary who is currently being treated with insulin injections, no more than 200 lancets are allowed per claim, with no more than three (3) claims in a 90-day period. For a diabetic beneficiary who is not currently being treated with insulin injections, no more than 100 lancets in a 90-day period. For a gestational diabetic beneficiary being treated with or without insulin injections, no more than 200 lancets per claim, with no more than three (3) claims in a 90-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	Yes	Pen Needles	Refer to the List of Contracted Pen Needles	each	No	100 per 27-day period	Effective January 1, 2021, Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
NDC	Pharmacy Medical Supply	Yes	Urine test or reagent strips	Refer to the List of Contracted Diabetic Supplies	each	No	50 per claim and no more than four (4) claims in 365-day period.	Code I Restriction for recipients being treated by a physician for a diabetes diagnosis documented in their medical records. Pharmacy Provider billing only on a pharmacy claim using the product NDC. Effective April 1, 2021, submit claims to Medi-Cal pharmacy vendor.	4/1/2021	Changed pharmacy vendor effective date in billing notes	December 2020
S1015	Infusion Supply	No	IV tubing extension set	By Report	each	No	30 per 27-day period	None	Prior to 2/16/2015	Not available	May 2020
S8186	Tracheostomy Supply	No	Swivel adaptor	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	May 2020
S8189	Tracheostomy Supply	No	Tracheostomy supply, not otherwise clasified	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017
T4537	Miscellaneous	Yes	Sheeting, waterproof (protective underpad, reusable, bed size, each)	Refer to the contracted waterproof sheeting list	each	No	2 per 365-day period	None	Prior to 2/16/2015	Not available	September 2017
T5999	Miscellaneous	No	Disposable medical supplies not otherwise classified by Medi-Cal billing codes (Refer to the 'Non-Coverage' section for items that are not eligible for authorization.)	By Report	each	Yes	Not available	None	Prior to 2/16/2015	Not available	September 2017

**Medical Supplies Billing Codes, Units and Quantity Limits Deletions**

This spreadsheet contains whole-line deletions from the list of medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit UPN (Universal Product Number). **The UPN billed must be an exact match for the product dispensed.** This List is subject to change with notification in the provider bulletins. Updates or additions to the spreadsheet will be noted in the "Description of Change" column. Deletions will be on the tab labeled "Medical Supplies Deletions." 'MAPC' refers to the maximum allowable product cost reimbursed.

Billing Code (HCPCS)	Category	Restricted to Contracted Products (Y/N)	Description	MAPC per Unit of Measure (UOM)	UOM	TAR Required (Y/N)	Quantity Limits Without Authorization	Billing Notes	Effective Date of Change	Description of Change	Publication Date
None	None	None	None	None	None	None	None	None	None	None	None