



# Medical Supplies and Surgical Dressings Payment Policy

## **Policy**

Fallon Community Health Plan (FCHP) reimburses for medical supplies and surgical dressings when they are determined to be medically necessary because they meet the medical criteria and guidelines shown below. Medical supplies and surgical dressings must have proven medical value and be appropriate for the treatment of the patient's condition.

## **Definition**

Medical supplies consist of items which are primarily and customarily used to serve a medical purpose; are ordered or prescribed by a practitioner; and are not useful to a person in the absence of illness or injury. Medical supplies cannot withstand repeated use and are usually disposable in nature.

Surgical dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin.

*Primary surgical dressing:*

- Therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin.

*Secondary surgical dressing*

- Materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

## **Benefits application**

### **Commercial**

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

### **Senior Plan**

- Fallon Senior Plan™
- Fallon Senior Plan Preferred

## **Reimbursement**

Medical supplies and surgical dressings will be covered when all of the following criteria are met:

1. They are medically necessary; and
2. They are prescribed by a practitioner; and
3. They are appropriate for the treatment of the patient's condition; and
4. They are used primarily for the practitioner's supervised treatment of a medical illness or injury.

Coverage for medical supplies includes, but is not limited to, the following items:

- Ostomy supplies
- Urological supplies
- Diabetic supplies
- Sterile syringes, not related to diabetic supplies, when not otherwise covered by a pharmacy benefit or as explained in Appendix A.
- Surgical dressings are covered when either of the following criteria are met:
  - They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure; or
  - They are medically necessary when debridement of a wound is medically necessary.

Surgical dressings include both primary dressings (for example, therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) and secondary dressings (for example, materials that serve a therapeutic or protective function and are needed to secure a primary dressing). For example, elastic bandages, adhesive tape, elastic roll gauze, and non-elastic roll gauze are covered when used as a secondary dressing to hold wound cover dressings in place; for coverage criteria, refer to Appendix A.

#### *Dressing size*

Dressing size is based on and appropriate to the size of the wound. Pad sizes are expected to be about 2 inches greater than the dimensions of the wound (i.e. a 5cm x 5cm (2in x 2in) wound requires a 4in x 4in pad size).

#### *Quantity*

Quantity and type of dressing dispensed at any one time must take into account the current status of the wound(s), the likelihood of change, and the recent use of dressings.

**Note:** Unless there is documentation to support the necessity of greater quantities in an individual case, no more than **one month's supply** may be provided at one time.

When medical supplies and surgical dressings are not covered:

- When they are items usually stocked in the home for general use.
- When they are considered a routine part of the doctor's office visit. If a specialist applies a surgical dressing as part of a professional service, the surgical dressings are considered incidental to the professional service and are not reimbursed separate from the office visit.
- Examples of non-covered items include, but are not limited to, the following:
  - Adhesive bandages
  - Lubricating jelly
  - Thermometers
  - Incontinence supplies
  - Disposable underpads
  - Cotton swabs
  - Alcohol wipes
  - Rubbing alcohol
  - Iodine swipes
  - Elastic support stockings, unless otherwise noted in Appendix A
  - Support hose
  - Garter belts
  - Foot coverings
  - Leotards
  - Knee supports
  - Gauntlets
  - Pressure garments for the arms and hands, unless otherwise noted in Appendix A
  - Elastic bandages when they are used over a wound cover with adhesive border or over a wound cover held in place by tape, elastic roll gauze, non-elastic roll gauze, or transparent film
  - Elastic bandages when they are used for strains, sprains, edema, or situations other than as a secondary surgical dressing



- If medically necessary and available by prescription, some of the following items may be covered under the pharmacy benefit if ordered by a provider. Otherwise, they are considered non-covered:
  - Syringes with needles
  - Needle-free injection devices
  - Urine test strips
  - Skin sealants or barriers
  - Wound cleansers or irrigating solutions
  - Solutions used to moisten gauze (e.g., saline)
  - Topical antiseptics
  - Topical antibiotics
  - Enzymatic debriding agents
  - Medicinally impregnated gauze or other dressings used to cleanse or debride a wound but not left on the wound

Examples of situations in which dressings are non-covered under the surgical dressing benefit either in or out of the office are:

1. drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or
2. A stage 1 pressure ulcer (defined as a non-blanchable erythema of intact skin); or
3. A first-degree burn; or
4. Wounds caused by trauma which do not require surgical closure or debridement (for example, skin tears or abrasions); or
5. A venipuncture or arterial puncture site (for example, a blood sample) other than the site of an indwelling catheter or needle.

*Practitioner orders and maximum quantity of supplies:*

FCHP follows the Centers for Medicare & Medicaid Services (CMS) guidelines for quantity limits, unless otherwise specifically indicated. See Appendix A for details. Orders that exceed the quantity limits in Appendix A are subject to review by FCHP. The Letter of Medical Necessity (LMN) form in Appendix B must be completed, kept on file by the Supplier and be available at any time at FCHP's request. Order quantity must be based on medical necessity and not for the convenience of the member or home health agency staff.

*Written orders*

- An order for each item billed must be **signed** and **dated** by the **treating practitioner** and kept on file by the supplier and made available upon request from FCHP.
- A **written, signed** and **dated order** must be received by the supplier before a claim is submitted.

**The order must specify the following:**

1. **Type** of supply or dressing (e.g., catheter, hydrocolloid wound cover, hydrogel wound filler).
2. **Size** of the dressing (if appropriate).
3. The **number/amount** to be used at one time (if more than 1).
4. The **frequency** of dressing changes expected (if appropriate).
5. The date of the order.
6. The **expected duration** of need.
7. The signature of the ordering treating practitioner.

*Medical record documentation requires the following:*

1. The type of supply or dressing, listed by code.

2. When applicable, the **number** of surgical/debrided wounds being treated with a dressing.
3. When applicable, the **reason** for dressing use (e.g., surgical wound, debrided wounds).
4. When applicable, whether the dressing is being used as **primary or secondary**.
5. The **source** of that information and date obtained must be documented in the supplier's records.
6. Current **clinical information** which supports the reasonableness and necessity of the type and quantity of supplies or surgical dressings provided must be easily inferred in the patient's medical records.
7. Evidence of **monthly evaluation of patient status** must be performed and documented, and if not, reasons why an evaluation could not occur.
8. The evaluation must include the **type of wound, location, size and depth, the amount of drainage**, and any other information.

This information must be available upon request of FCHP.

*New orders – every 3 months*

- A new order is needed if a new supply or dressing is added or if the quantity of an existing supply or dressing to be used is increased. A new order is not needed if the quantity of supplies or dressings is decreased.
- **A new order is required at least every 3 months** for each supply or dressing being used even if the quantity used has remained the same or decreased.
- Medical supplies (e.g., catheters) for chronic permanent conditions may have a standing order issued that is valid for a maximum of one year.

### **Referral/notification/preauthorization requirements**

Miscellaneous medical supply codes, Not Otherwise Specified medical supply codes (NOS) and wig codes require prior authorization. Preauthorization is not required for all other medical supplies and/or surgical dressings.

The vendor must obtain orders and maintain medical record documentation and produce this documentation upon the request of FCHP.

If the member is self-pay, a copy of the member's Waiver Letter must be available upon request of FCHP.

### **Billing/coding guidelines**

See Appendix A for details.

FCHP may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### **Place of service**

This policy applies to medical supplies and surgical dressing provided in the in the home, when provided as part of a skilled home care service authorized by FCHP in an outpatient setting.

### **Policy history**

|                            |   |
|----------------------------|---|
| Origination date:          | <b>12/10/03</b>   |
| Previous revision date(s): | <b>04/14/04, 05/25/05, 06/07/06, 05/09/07</b>   |
| Connection date & details: | 1/1/09; updated codes based on CPT changes and documentation requirements for quantity of supplies, including Letter of Medical Necessity (LMN) requirements for orders exceeding the limited quantity indicated in Appendix A. |

*This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.*

## Appendix A: Billing/coding guideline and quantity limits

### Supplies and dressings:

No more than one month's supply of dressings may be provided at one time..

### Ostomy supplies:

A three-month supply of ostomy supplies may be provided for a patient at home.

### Urological supplies:

Specific urological supplies are provided at either a one or three-month supply, as noted in the table that follows. Urinary catheters and external urinary collection devices are covered to drain or collect urine for a patient who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that patient within three months.

FCHP follows CMS quantity limits for Commercial and Medicare Advantage plans. Details and updates are available at the following Web address:

[http://www.medicarenhic.com/dme/medical\\_review/mr\\_lcd\\_current.shtml](http://www.medicarenhic.com/dme/medical_review/mr_lcd_current.shtml)

For FCHP MassHealth members, MassHealth quantity limits apply and are outlined at the following Web address:

[http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Laws%2C+Regulations+and+Policies&L3=MassHealth+Regulations+and+Other+Publications&L4=Provider+Library&sid=Eeohhs2&b=terminalcontent&f=masshealth\\_government\\_mh\\_payment\\_coverage\\_guideline\\_tools&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Laws%2C+Regulations+and+Policies&L3=MassHealth+Regulations+and+Other+Publications&L4=Provider+Library&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_mh_payment_coverage_guideline_tools&csid=Eeohhs2)

**Appendix A: Medical Supplies Codes**

**Table 1: Quantities covered per specific time periods.**

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis.

| Code  | Brief description                                      | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|--|-----------------------|----------------------------------|-----------------------------------|---|
| A4206 | SYRINGE W/NEEDLE, STERILE 1 CC EA                      | NSR                   | NSR                              | NSR                               | Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy. |
| A4207 | SYRINGE W/NEEDLE, STERILE 2 CC EA                      | NSR                   | NSR                              | NSR                               | Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy. |
| A4208 | SYRINGE W/NEEDLE, STERILE 3 CC EA                      | NSR                   | NSR                              | NSR                               | Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy. |
| A4209 | SYRINGE W/NEEDLE, STERILE 5 CC EA                      | NSR                   | NSR                              | NSR                               | Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy. |
| A4210 | NEEDLE FREE INJECTION DEVICE EA                        | NSR                   | NSR                              | NSR                               |   |
| A4211 | SUPPLIES FOR SELF ADMN INJECTION                       | N/C                   | N/C                              | N/C                               |   |
| A4212 | NON CORING NEEDLE; IE HUBER, EA                        | 30                    | 90                               | N/A                               |   |
| A4213 | SYRINGE, STERILE, 20 CC OR GREATER, EA                 | NSR                   | NSR                              | NSR                               |   |
| A4215 | NEEDLES ONLY, STERILE, ANY SIZE                        | NSR                   | NSR                              | NSR                               |   |
| A4216 | STERILE WATER, SALINE AND/OR DEXTROSE (DILUENT), 10 ML | 60                    | 180                              | N/A                               | Covered when a concentrated form of an inhalation drug is dispensed; not covered when unit dose form of drug is dispensed.  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|---|-----------------------|----------------------------------|-----------------------------------|---|
| A4217 | STERILE WATER OR SALINE 500 ML EA   | ICB                   | ICB                              | N/A                               | Covered with AU modifier (urological, ostomy and tracheostomy supplies) or when a large volume nebulizer (A7007, A7017) is medically necessary  |
| A4218 | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML                      | 60                    | 180                              | N/A                               | Covered when a concentrated form of an inhalation drug is dispensed; not covered when unit dose form of drug is dispensed.  |
| A4220 | REFILL KIT FOR IMPLANTABLE INFUSION PUMP                                    | NSR                   | NSR                              | NSR                               | Refill Kit is bundled into the refill and maintenance codes: 95990, 95991, 96530  |
| A4221 | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATH PER WEEK                     | 4                     | 12                               | N/A                               | Code A4221 includes dressings for the catheter site and flush solutions not directly related to drug infusion. The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or a subcutaneous port, or an epidural catheter. Code A4221 also includes all cannulas, needles, dressings and infusion supplies (excluding the insulin reservoir) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784) and the infusion sets and dressings related to subcutaneous immune globulin administration. Billing for more than 1 unit of service per week is incorrect use of the code and will be denied accordingly. |
| A4222 | INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG      | ICB                   | ICB                              | N/A                               | For intermittent infusion, one cassette or bag is covered with each dose of drug. For continuous infusion, the concentration of drug and the size of the cassette or bag should be maximized to result in the fewest cassettes or bags.   |
| A4223 | INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG | NSR                   | NSR                              | NSR                               |   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|---|------------------------------|---|--|--|
| A4230       | INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE   | NSR                          | NSR                                     | NSR                                      | Supplies for insulin pumps should be billed using codes A4221. Codes A4230 and A4231 are not covered because they are included in A4221. |
| A4231       | INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE   | NSR                          | NSR                                     | NSR                                      | Supplies for insulin pumps should be billed using codes A4221. Codes A4230 and A4231 are not covered because they are included in A4221. |
| A4232       | SYRINGE W/NEEDLE FOR EXT INS PUMP 3CC EA  | NSR                          | NSR                                     | NSR                                      |  |
| A4233       | REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH | N/A                          | 2                                       | N/A                                      | OTC-member reimbursement   |
| A4234       | REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH             | N/A                          | N/A                                     | 1 per 12 M                               | OTC-member reimbursement   |
| A4235       | REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR, EACH                                       | N/A                          | N/A                                     | 2 per 6 M                                | OTC-member reimbursement   |
| A4236       | REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH                 | N/A                          | N/A                                     | 2 per 6 M                                | OTC-member reimbursement   |
| A4244       | ALCOHOL OR PEROXIDE, PER PINT   | NSR                          | NSR                                     | NSR                                      |  |
| A4245       | ALCOHOL WIPES, PER BOX  | NSR                          | NSR                                     | NSR                                      |  |
| A4246       | BETADINE OR PHISOHEX SOLUTN,PT  | NSR                          | NSR                                     | NSR                                      |  |
| A4247       | BETADINE OR IODINE SWABS PER BOX  | NSR                          | NSR                                     | NSR                                      |  |
| A4248       | CHLORHEXIDINE   | NSR                          | NSR                                     | NSR                                      |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments                           |
|-------|--|-----------------------|----------------------------------|-----------------------------------|------------------------------------|
|       | CONTAINING ANTISEPTIC, 1ML                                       |                       |                                  |                                   |                                    |
| A4250 | URINE TEST/REAGENT STRIPS/TAB (100)                              | NSR                   | NSR                              | NSR                               |                                    |
| A4252 | BLOOD KETONE TEST OR REAGENT STRIP, EACH                         | NSR                   | NSR                              | NSR                               |                                    |
| Code  | Brief Description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments                           |
| A4253 | BLOOD GLUCOSE REAGENT STRIPS (50'S)                              | NSR                   | NSR                              | NSR                               |                                    |
| A4255 | PLATFORMS U/W BLOOD GLUCOMETER;50 PER BX                         | 2                     | 6                                | N/A                               |                                    |
| A4256 | LOW CALIBRATOR SOLUTION /CHIPS                                   | 2                     | 6                                | N/A                               |                                    |
| A4257 | REPLACEMENT LENS SHIELD CARTRIDGE, LASER SKIN PIERCING DEVICE    | NSR                   | NSR                              | NSR                               |                                    |
| A4258 | SPRING POWERED DEVICE FOR LANCETS, EA                            | NSR                   | NSR                              | NSR                               |                                    |
| A4259 | LANCETS, PER BOX (100'S)   | NSR                   | NSR                              | NSR                               |                                    |
| A4261 | CERVICAL CAP FOR CONTRACEPTIVE USE                               | ICB                   | ICB                              | N/A                               | Not covered for Fallon Senior Plan |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH                | ICB                   | ICB                              | N/A                               |                                    |
| A4263 | PERMANENT, LONG-TERM, NONDISSOLVABLE LACRIMAL DUCT IMPLANT, EACH | ICB                   | ICB                              | N/A                               |                                    |
| A4265 | PARAFFIN, PER POUND  | 5                     | 15                               | N/A                               |                                    |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE                                  | ICB                   | ICB                              | N/A                               | Not covered for Fallon Senior Plan |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH                         | N/C                   | N/C                              | N/C                               |                                    |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH                       | N/C                   | N/C                              | N/C                               |                                    |
| A4269 | CONTRACEPTIVE SUPPLY, SPERMACIDE (E.G., FOAM, GEL), EACH         | N/C                   | N/C                              | N/C                               |                                    |
| A4270 | DISPOSABLE ENDOSCOPE   | NSR                   | NSR                              | NSR                               |                                    |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
|             | SHEATH, EACH  |                              |   |  |                 |
| A4280       | SKIN SUPPORT ATTACHMENT EACH  | ICB                          | ICB                                     | N/A                                      |                 |
| A4281       | TUBING FOR BREAST PUMP  | ICB                          | ICB                                     | N/A                                      |                 |
| A4282       | ADAPTER FOR BREAST PUMP, REPLACEMENT  | ICB                          | ICB                                     | N/A                                      |                 |
| A4283       | CAP FOR BREAST PUMP BOTTLE, REPLACEMENT   | ICB                          | ICB                                     | N/A                                      |                 |
| A4284       | BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT  | ICB                          | ICB                                     | N/A                                      |                 |
| A4285       | POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT  | ICB                          | ICB                                     | N/A                                      |                 |
| A4286       | LOCKING RING FOR BREAST PUMP, REPLACEMENT   | ICB                          | ICB                                     | N/A                                      |                 |
| A4290       | SACRAL NERVE STIMULATION TEST LEAD, EACH  | ICB                          | ICB                                     | N/A                                      |                 |
| <b>Code</b> | <b>Brief Description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
| A4300       | IMPLANTABLE ACCESS CATHETER (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS       | ICB                          | ICB                                     | N/A                                      |                 |
| A4301       | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.) | ICB                          | ICB                                     | N/A                                      |                 |
| A4305       | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR   | ICB                          | ICB                                     | N/A                                      |                 |
| A4306       | DISPOSABLE DRUG   | ICB                          | ICB                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description                                   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
|-------|---|-----------------------|----------------------------------|-----------------------------------|--|
|       | DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR |                       |                                  |                                   |  |
| A4310 | INSERT TRAY W/O DRN BAG & W/O CATHETER              | 1                     | 3                                | N/A                               |  |
| A4311 | INSERT TRAY W/O DRN BAG W/INDW FOLEY COAT           | 1                     | 3                                | N/A                               |  |
| A4312 | INSERT TRAY W/O DRN BAG, W/CATH(ALL SIL)            | 1                     | 3                                | N/A                               |  |
| A4313 | INSERT TRAY W/BAG W/3-WAY FOLEY FOR IRRG            | 1                     | 3                                | N/A                               |  |
| A4314 | INSERT TRAY W/DRN BAG, W/FOLEY CATH-COAT            | 1                     | 3                                | N/A                               |  |
| A4315 | INSERT TRAY W/DRN BAG, W/CATH(ALL SILIC)            | 1                     | 3                                | N/A                               |  |
| A4316 | INSERT TRAY W/DRN BAG, W/3-WAY CATHETER             | 1                     | 3                                | N/A                               |  |
| A4320 | IRRIGATION TRAY W/BULB OR PISTON SYRINGE            | ICB                   | ICB                              | N/A                               |  |
| A4321 | THERAPEUTIC AGNT FOR URINARY CATH IRG               | NSR                   | NSR                              | NSR                               |  |
| A4322 | IRRIG SYRINGE, BULB OR PISTON                       | ICB                   | ICB                              | N/A                               |  |
| A4326 | MALE EXT CATH (SPEC TYPE INFLAT,FACEPLT)            | 35                    | 105                              | N/A                               |  |
| A4327 | FEMALE EXT URINARY COLL DEVICE;METAL CUP            | 4                     | 12                               | N/A                               |  |
| A4328 | FEMALE URINARY COLLECTION POUCH (EA)                | 30                    | 90                               | N/A                               |  |
| A4330 | PERIANAL FECAL POUCH W/ADH,EA                       | 30                    | 90                               | N/A                               |  |
| A4331 | EXTENSION DRAINAGE TUBING W/ADPT U/W PCH/LEG BAG    | 1                     | 3                                | N/A                               | A4331 is covered for use with a latex urinary leg bag (A5112) only. It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358 and A5105 and should not be billed separately with these codes. |
| A4332 | LUBRICANT ST PACKET, FOR INSERTION OF CATH          | 200                   | 600                              | N/A                               |  |
| A4333 | URINARY CATH ANCHORING DVCE, ADH                    | 12                    | 36                               | N/A                               |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>                 | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | SKN ATTCH                                |                              |   |  |                 |
| A4334       | URINARY CATH ANCHORING DVCE, LEG STRAP   | 1                            | 3                                       | N/A                                      |                 |
| A4335       | INCONTINENCE SUPPLIES, MISC              | ICB                          | ICB                                     | N/A                                      | PA is required  |
| A4338       | INDWELL CATH, FOLEY, 2-WAY, LATEX W/COAT | 1                            | 3                                       | N/A                                      |                 |
| A4340       | INDWELL CATH:SPEC TYPE(COUDE,MUSH.,WING) | 1                            | 3                                       | N/A                                      |                 |
| A4344       | INDWELLING CATH, FOLEY, 2-WAY, ALL SILIC | 1                            | 3                                       | N/A                                      |                 |
| A4346       | INDWELL CATH, FOLEY, 3-WAY, LATX/TEFL    | 1                            | 3                                       | N/A                                      |                 |
| A4349       | MALE EXT CATH (SPEC TYPE INFLAT,FACEPLT) | 35                           | 105                                     | N/A                                      |                 |
| A4351       | INTERMITTENT URINARY,STRAIGHT TIP CATH   | 200                          | 600                                     | N/A                                      |                 |
| A4352       | INTERMITTENT URINARY CATH, COUDE TIP, EA | 200                          | 600                                     | N/A                                      |                 |
| A4353       | INTERMITTENT URINARY CATH W/INSERTN SUPP | 200                          | 600                                     | N/A                                      |                 |
| A4354       | CATH INSERT TRAY, W/O CATH, W/TUBE & BAG | 1                            | 3                                       | N/A                                      |                 |
| A4355       | 3-WAY IRRIGATION SET FOR CATHETER        | 30                           | 90                                      | N/A                                      |                 |
| A4356       | INCONTINENCE CLAMP                       | 1                            | 1                                       | N/A                                      |                 |
| A4357       | URINARY DRAINAGE BAG W OR W/O TUBE, EA   | 2                            | 6                                       | N/A                                      |                 |
| A4358       | URINARY LEG/ABDM BAG VNYL W/-W/O TUBE EA | 2                            | 6                                       | N/A                                      |                 |
| A4361       | OSTOMY FACEPLATE                         | N/A                          | N/A                                     | 3 per 6 M                                |                 |
| A4362       | SKIN BARRIER; SOLID 4X4 OR EQUIV, EA     | 20                           | 60                                      | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description                              | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
|-------|--|-----------------------|----------------------------------|-----------------------------------|--|
| A4363 | OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH | 20                    | 60                               | N/A                               | Ostomy clamps (A4363) are used with drainable pouches and are not used with urinary pouches. Ostomy clamps are only payable when ordered as a replacement. Claims for ostomy clamps billed with ostomy pouches will be denied as not separately payable with ostomy pouches. |
| A4364 | OSTOMY SKIN BOND OR CEMENT (SPRAY,BRUSH)       | 4                     | 12                               | N/A                               |  |
| A4365 | OSTOMY ADHESIVE REMOVER WIPES,50 PER BOX –     | 1                     | 3                                | N/A                               |  |
| A4366 | OSTOMY VENT ANY TYPE                           | 10                    | 30                               | N/A                               | A4366 is an ostomy vent that can be added by the patient to a pouch to allow the release of gas. This code should not be used with ostomy pouches with a filter incorporated in the pouch (A4416-A4419, A4423-A4425, A4427).   |
| A4367 | OSTOMY BELT                                    | 1                     | 3                                | N/A                               |  |
| A4368 | OSTOMY FILTER, ANY TYPE, EACH                  | 30                    | 90                               | N/A                               | Codes for pouches with filters (e.g., A4416) describe pouches that have an opening which allows venting of trapped gas. They typically include materials such as charcoal to deodorize the vented gas. Code A4368 describes replacement filter material.                     |
| A4369 | SKIN BARRIER;LIQUID (SPRAY, BRUSH PER OZ)      | 2                     | 6                                | N/A                               |  |
| A4371 | SKIN BARRIER; POWDER PER OZ                    | 2                     | 6                                | N/A                               |  |
| A4372 | SKN BARRIER,4X4 STNDRD WEAR W/CNVXTY,EA        | 20                    | 60                               | N/A                               |  |
| A4373 | SKN BARRIER STNDRD WEAR W/FLNG/CNVXTY,EA       | 20                    | 60                               | N/A                               |  |
| A4375 | POUCH,DRN W/FACEPLATE ATTCHD PLASTIC, EA       | 20                    | 60                               | N/A                               |  |
| A4376 | POUCH,DRN W/FACEPLATE ATTCHD RUBBER ,EA        | 20                    | 60                               | N/A                               |  |
| A4377 | POUCH,DRN FOR USE ON FACEPLATE PLASTC,EA       | 10                    | 30                               | N/A                               |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>                 | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
| A4378       | POUCH,DRN FOR USE ON FACEPLTE RUBBER,EA  | 20                           | 60                                      | N/A                                      |                 |
| A4379       | POUCH,URINARY W/FCPLTE ATTCHD PLASTIC EA | 20                           | 60                                      | N/A                                      |                 |
| A4380       | POUCH,URINARY W/FCPLTE ATTCHD RUBBER, EA | 20                           | 60                                      | N/A                                      |                 |
| A4381       | POUCH,URINARY FOR USE ON FCPLTE PLSTC,EA | 10                           | 30                                      | N/A                                      |                 |
| A4382       | POUCH,URINARY USE ON FCPLTE HVY PLSTC,EA | 20                           | 60                                      | N/A                                      |                 |
| A4383       | POUCH,URINARY USE ON FCPLTE RUBBER, EACH | 20                           | 60                                      | N/A                                      |                 |
| A4384       | OSTOMY FCPLTE EQUIVALNT SILICONE RING,EA | 10                           | 30                                      | N/A                                      |                 |
| A4385       | SKN BAR 4X4 OR EQUIV,EXTND WEAR W/O CNVX | 20                           | 60                                      | N/A                                      |                 |
| A4387       | POUCH, CLOSED W/STNDRD WEAR BAR&CNVX 1PC | 60                           | 180                                     | N/A                                      |                 |
| A4388       | POUCH,DRN W/EXTND WEAR BAR W/O CNVXTY1PC | 20                           | 60                                      | N/A                                      |                 |
| A4389       | POUCH,DRN W/STN WEAR BAR W/CNVXTY 1PC    | 20                           | 60                                      | N/A                                      |                 |
| A4390       | POUCH,DRN W/EXTND WEAR BAR & CNVXTY,1PC  | 20                           | 60                                      | N/A                                      |                 |
| A4391       | POUCH,URNRY W/EXT WEAR BAR W/O CNVX, 1PC | 20                           | 60                                      | N/A                                      |                 |
| A4392       | POUCH,URINARY W/STND WEAR BAR&CNVXTY,1PC | 20                           | 60                                      | N/A                                      |                 |
| A4393       | POUCH,URINARY W/EXT WEAR BAR&CNVXTY, 1PC | 20                           | 60                                      | N/A                                      |                 |
| A4394       | OSTOMY DEODORANT U/IN PCH,LIQUID PER OZ  | 8 oz.                        | 24 oz.                                  | N/A                                      |                 |
| A4395       | OSTOMY DEODORANT U/IN POUCH,SOLID PR TAB | 30                           | 90                                      | N/A                                      |                 |
| A4396       | PERISTOMAL HERNIA SUPPORT BELT           | 1                            | 3                                       | N/A                                      |                 |
| A4397       | IRRIGATION SUPPLY;                       | 4                            | 12                                      | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|---|-----------------------|----------------------------------|-----------------------------------|---|
|       | SLEEVE, EA  |                       |                                  |                                   |   |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG, EACH   | N/A                   | N/A                              | 2 per 6 M                         |   |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE,CATH,BRSH  | N/A                   | N/A                              | 2 per 6 M                         |   |
| A4400 | IRRIGATION SET FOR OSTOMY USE   | NSR                   | NSR                              | NSR                               | Use codes A4367, A4397, A4398 and A4399 instead |
| A4402 | LUBRICANT, PER OUNCE  | 8 oz.                 | 24 oz.                           | N/A                               |   |
| A4404 | OSTOMY RINGS  | 10                    | 30                               | N/A                               |   |
| A4405 | SKIN BARRIER PASTE NON-PECTIN BASED OZ  | 4                     | 12                               | N/A                               |   |
| A4406 | SKIN BARRIER PASTE PECTIN BASED PER OZ  | 4                     | 12                               | N/A                               |   |
| A4407 | SKN BAR W/FLNGE W/CNVXTY;EXTNDED WEAR EA  | 20                    | 60                               | N/A                               |   |
| A4408 | SKN BAR W/FLG &CNVX EXT WEAR 5X5 EA IC  | 20                    | 60                               | N/A                               |   |
| A4409 | SKN BAR W/FLNG EXTND WEAR W/O CNVXTY,EA   | 20                    | 60                               | N/A                               |   |
| A4410 | SKN BAR W/FLG EXT WEAR W/O CONVX 5X5 EA   | 20                    | 60                               | N/A                               |   |
| A4411 | SKN BAR, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH                    | 20                    | 60                               | N/A                               |   |
| A4412 | POUCH, DRNBLE; HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2-PIECE SYSTEM), WITHOUT FILTER, EACH | 20                    | 60                               | N/A                               |   |
| A4413 | POUCH,DRN HIGH OUTPUT U/W FLG 2PC W/FLTR  | 20                    | 60                               | N/A                               |   |
| A4414 | SKIN BARRIER W/FLNG 4X4 SOL,FLEX,ACCORD   | 20                    | 60                               | N/A                               |   |
| A4415 | SKIN BARRIER W/FLNG 4X4 SOL,FLX, ACCOR  | 20                    | 60                               | N/A                               |   |
| Code  | Brief Description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>                      | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
| A4416       | POUCH CLOSED W/FILTER & BARRIER 1PC EA        | 60                           | 180                                     | N/A                                      |                 |
| A4417       | POUCH CLOSED W/FILTER & CONVEX BARR 1PC       | 60                           | 180                                     | N/A                                      |                 |
| A4418       | POUCH CLOSED W/FILTER W/O BARRIER 1PC EA      | 60                           | 180                                     | N/A                                      |                 |
| A4419       | PCH CLOSED W/FLTR USE ON BARR W/LOCK FLNG 2PC | 60                           | 180                                     | N/A                                      |                 |
| A4420       | POUCH CLOSED USE ON BARR W/LOCK FLNG 2PC      | 60                           | 180                                     | N/A                                      |                 |
| A4421       | OSTOMY SUPPLY, MISCELLANEOUS                  | ICB                          | ICB                                     | N/A                                      | PA is required  |
| A4422       | ABSORBENT SHEET/PAD/CRYSTAL TO THICKEN        | 120                          | 360                                     | N/A                                      |                 |
| A4423       | PCH CLOSED W/FLTR USE ON BARR W/LCK FLNG      | 60                           | 180                                     | N/A                                      |                 |
| A4424       | POUCH DRAINABLE W/BARRIER & FILTER 1PC        | 20                           | 60                                      | N/A                                      |                 |
| A4425       | PCH DRAIN W/FLTR USE ON BARR W/FLNG 2PC       | 20                           | 60                                      | N/A                                      |                 |
| A4426       | POUCH DRAIN USE ON BARRIER W/LCK FLG 2PC      | 20                           | 60                                      | N/A                                      |                 |
| A4427       | PCH DRAIN W/FLTR USE ON BAR W/LCK FLG 2P      | 20                           | 60                                      | N/A                                      |                 |
| A4428       | PCH URINARY W/EXT BARR & FAUCET TAP VALV      | 20                           | 60                                      | N/A                                      |                 |
| A4429       | PCH URINARY W/CONVX BARR & FAUCET TVALVE      | 20                           | 60                                      | N/A                                      |                 |
| A4430       | PCH URINARY W/EXT BAR,CONVX,FAUCET VALVE      | 20                           | 60                                      | N/A                                      |                 |
| A4431       | POUCH URINARY W/BARRIER & FAUCET VALVE        | 20                           | 60                                      | N/A                                      |                 |
| A4432       | PCH URINARY W/FAUCET USE ON BAR W/FLG2PC      | 20                           | 60                                      | N/A                                      |                 |
| A4433       | PCH URINARY USE ON BAR W/LOCK FLNG 2PC        | 20                           | 60                                      | N/A                                      |                 |
| A4434       | PCH URIN W/FAUCET USE ON BARR W/LCK FLNG      | 20                           | 60                                      | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
|-------|--|-----------------------|----------------------------------|-----------------------------------|--|
| A4450 | TAPE NON-WATERPROOF ALL SIZE PER 18SQ IN                                     | 40                    | 120                              | N/A                               | CV w/ AW modifier for wound care; or with AU modifier for ostomy, urostomy and tracheostomy supplies; otherwise N/C. |
| A4452 | TAPE, WATERPROOF ALL SIZES PER 18 SQ IN                                      | 40                    | 120                              | N/A                               | CV w/ AW modifier for wound care; or with AU modifier for ostomy, urostomy and tracheostomy supplies; otherwise N/C. |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE,ETC) PER OZ                            | N/A                   | N/A                              | 16 OZ PER 6 M                     | Only CV for ostomy supplies with AU modifier, N/C for urological use.  |
| A4458 | ENEMA BAG W/ TUBING, REUSABLE  | N/C                   | N/C                              | N/C                               |  |
| Code  | Brief Description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
| A4461 | SURGICAL DRESSING HOLDER, NON-REUSABLE, EA                                   | NSR                   | NSR                              | NSR                               |  |
| A4463 | SURGICAL DRESSING HOLDER, REUSABLE, EA                                       | 2                     | 6                                | N/A                               |  |
| A4465 | NONELASTIC BINDER FOR EXTREMITY  | NSR                   | NSR                              | NSR                               |  |
| A4470 | GRAVICE JET WASHER   | NSR                   | NSR                              | NSR                               |  |
| A4480 | VABRA ASPIRATOR  | NSR                   | NSR                              | NSR                               |  |
| A4481 | TRACHEOSTOMA FILTER, ANY TYPE OR SIZE,EA                                     | 30                    | 90                               | N/A                               |  |
| A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | NSR                   | NSR                              | NSR                               | Used with ventilator, included in rental   |
| A4490 | SURGICAL STOCKINGS,ABVE KNEE,EA  | N/C                   | N/C                              | N/C                               |  |
| A4495 | SURGICAL STCKNGS,THIGH LNGTH,EA  | N/C                   | N/C                              | N/C                               |  |
| A4500 | SURGICAL STCKNGS,KNEE  | N/C                   | N/C                              | N/C                               |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>                                     | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|--|------------------------------|---|--|--|
|             | LNGTH,EA   |                              |   |  |  |
| A4510       | SURGICAL STCKNGS FULL LNGTH,EA                               | N/C                          | N/C                                     | N/C                                      |  |
| A4520       | INCONTINENCE GARMENT, ANY TYPE                               | N/C                          | N/C                                     | N/C                                      |  |
| A4550       | SURGICAL TRAYS   | NSR                          | NSR                                     | NSR                                      |  |
| A4554       | DISPOSABLE UNDERPADS,(IE;CHUX), EACH                         | N/C                          | N/C                                     | N/C                                      |  |
| A4556       | ELECTRODES, (E.G., APNEA MONITOR), PER PAIR –                | NSR                          | NSR                                     | NSR                                      |  |
| A4557       | LEAD WIRES, PER PAIR   | N/A                          | N/A                                     | 2 pair per 12 M                          | Covered for replacement of lead wires for covered TENS unit. 1 pair per 12 months for a 2-lead TENS unit; 2 pair per 12 months for a 4-lead TENS unit. Not covered when used with apnea monitor. |
| A4558       | CONDUCTIVE GEL OR PASTE, EACH                                | NSR                          | NSR                                     | NSR                                      | See A4595  |
| A4559       | COUPLING GEL OR PASTE FOR USE WITH ULTRASOUND DEVICE, PER OZ | NSR                          | NSR                                     | NSR                                      | Coupling gel is included with device   |
| A4561       | PESSARY, RUBBER, ANY TYPE                                    | ICB                          | ICB                                     | ICB                                      |  |
| A4562       | PESSARY, NON-RUBBER, ANY TYPE                                | ICB                          | ICB                                     | ICB                                      |  |
| A4565       | SLINGS   | NSR                          | NSR                                     | NSR                                      |  |
| A4570       | SPLINT   | NSR                          | NSR                                     | NSR                                      |  |
| A4575       | TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE                | N/C                          | N/C                                     | N/C                                      |  |
| A4580       | CAST SUPPLIES (E.G., PLASTER)                                | NSR                          | NSR                                     | NSR                                      |  |
| A4590       | SPECIAL CASTING MATERIAL (E.G., FIBERGLASS)                  | NSR                          | NSR                                     | NSR                                      |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
|-------|---|-----------------------|----------------------------------|-----------------------------------|--|
|       |   |                       |                                  |                                   |  |
| Code  | Brief Description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments   |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH (E.G., TENS, NMES)                | 2                     | 6                                | N/A                               | A4595 is a supply allowance which includes electrodes, conductive paste, tape or other adhesive, adhesive remover, batteries and battery charger. During the rental of a TENS unit, all supplies for the unit are included in the rental and A4595 is not covered. If a 2-lead TENS unit is purchased, a maximum of one unit of code A4595 is allowed per month, if a 4-lead TENS unit is purchased, a maximum of 2 units per month are allowed. |
| A4600 | SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH             | N/C                   | N/C                              | N/C                               | For use with intermittent limb compression device E 0676 which is not covered  |
| A4601 | LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT                             | N/C                   | N/C                              | N/C                               | For use with intermittent limb compression device E 0676 which is not covered  |
| A4604 | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE | N/A                   | 1                                | N/A                               | Reimbursable only when used with E0470 or E0601  |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH                                      | 1                     | N/A                              | N/A                               | A4605 is connected to the ventilator and left in place for intermittent suctioning.  |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT                              | 1                     | N/A                              | N/A                               | Covered for patient owned pulse oximeter (E0445) only  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

### Appendix A: Medical Supplies Codes

| Code  | Brief description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|---|-----------------------|----------------------------------|-----------------------------------|---|
| A4608 | TRANSTRACHEAL OXYGEN CATHETER, EACH                           | NSR                   | NSR                              | NSR                               | All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only. |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | N/A                   | N/A                              | 1 per 12 M                        |   |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR      | N/A                   | N/A                              | 1 per 12 M                        |   |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR     | N/A                   | N/A                              | 1 per 12 M                        |   |
| A4614 | PEAK EXPIRATORY FLOW RATE METER, HAND HELD                    | 1                     | 3                                | N/A                               |   |
| A4615 | NASAL CANNULA, EACH   | NSR                   | NSR                              | NSR                               | All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only. |
| A4616 | TUBING (OXYGEN), PER FOOT                                     | NSR                   | NSR                              | NSR                               | All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only. |
| A4617 | MOUTHPIECE  | NSR                   | NSR                              | NSR                               | All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to              |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|--|-----------------------|----------------------------------|-----------------------------------|---|
|       |  |                       |                                  |                                   | 6/1/89 only.  |
| A4618 | BREATHING CIRCUITS;<br>EACH                                | NSR                   | NSR                              | NSR                               | A4618 describes a breathing circuit used with ventilator code E0450. E0450 is rental which includes accessories.  |
| A4619 | FACE TENT  | 1                     | 3                                | N/A                               | Not covered when used with rented oxygen systems (see A4608); one per month covered when used with E0565, compressor or E 0585, nebulizer.  |
| A4620 | VARIABLE CONCENTRATION MASK                                | NSR                   | NSR                              | NSR                               | All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only. |
| A4623 | TRACH, INNER CANNULA                                       | 30                    | 90                               | N/A                               |   |
| A4624 | TRACHEAL SUCTION CATH, EA                                  | 90                    | 270                              | N/A                               | For tracheal suctioning only: ICD-9 of V44.0 or V55.0   |
| A4625 | TRACH CARE KIT FOR NEW TRACH                               | 14                    | 14                               | N/A                               | Allowed for the first 2 weeks post-op for a new trach. After 2 weeks, A4629 used when providing trach care  |
| A4626 | TRACH CLEANING BRUSH, EACH                                 | 10                    | 30                               | N/A                               |   |
| A4627 | SPACER,BAG OR RESERVIOR,W/OR W/O MASK                      | N/A                   | N/A                              | 1 per 12 M                        |   |
| A4628 | OROPHARYNGEAL SUCTION CATH, EACH                           | 12                    | 36                               | N/A                               |   |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTBLSD TRACH                    | 30                    | 90                               | N/A                               | Used when providing trach care > 2 wks post-op  |
| A4630 | REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS | NSR                   | NSR                              | NSR                               | Replacement batteries for pt. owned TENS unit are included in A4595 - TENS supply allowance   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|--|------------------------------|---|--|--|
|             | ELECTRICAL STIMULATOR, OWNED BY PATIENT  |                              |   |  |  |
| A4633       | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH                           | N/A                          | N/A                                     | 1 per 12 M                               | Covered for pt. owned ultraviolet light therapy system (E 0691-E0694). |
| A4634       | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL                                 | N/A                          | N/A                                     | 1 per 12 M                               | Used with pt. owned E0203 therapeutic light box                        |
| A4635       | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH  | ICB                          | ICB                                     | ICB                                      |  |
| A4636       | REPLACEMENT HANDGRIP, CANE, CRUTCH, WALKER, EA   | ICB                          | ICB                                     | ICB                                      |  |
| A4637       | REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH  | ICB                          | ICB                                     | ICB                                      |  |
| A4638       | REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH                            | N/A                          | N/A                                     | 1 per 12 M                               |  |
| A4639       | REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM  | N/C                          | N/C                                     | N/C                                      |  |
| A4640       | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | N/A                          | N/A                                     | 1 per 12 M                               |  |
| A4648       | TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH  | NSR                          | NSR                                     | NSR                                      |  |
| A4649       | SURGICAL SUPPLY, MISCELLANEOUS   | ICB                          | ICB                                     | N/A                                      | PA is required   |
| A4650       | IMPLANTABLE RADIATION DOSIMETER, EACH  | NSR                          | NSR                                     | NSR                                      |  |
| A4651       | CALIBRATED MICROCAPILLARY TUBE, EACH   | NSR                          | NSR                                     | NSR                                      |  |
| A4652       | MICROCAPILLARY TUBE SEALANT  | NSR                          | NSR                                     | NSR                                      |  |
| A4653       | PERITONEAL DIALYSIS  | N/C                          | N/C                                     | N/C                                      |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | CATHETER ANCHORING DEVICE, BELT, EACH  |                              |   |  |                 |
| A4657       | SYRINGE, WITH OR WITHOUT NEEDLE, EACH  | NSR                          | NSR                                     | NSR                                      |                 |
| A4660       | SPHYGMOMANOMETER/BLOOD PRESSURE APPARTUS WITH CUFF AND STETHOSCOPE                   | NSR                          | NSR                                     | NSR                                      |                 |
| A4663       | BLOOD PRESSURE CUFF ONLY   | NSR                          | NSR                                     | NSR                                      |                 |
| A4670       | AUTOMATIC BLOOD PRESSURE MONITOR FOR DIALYSIS  | NSR                          | NSR                                     | NSR                                      |                 |
| A4671       | DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH                        | NSR                          | NSR                                     | NSR                                      |                 |
| A4672       | DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH                                 | NSR                          | NSR                                     | NSR                                      |                 |
| A4673       | EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS                         | NSR                          | NSR                                     | NSR                                      |                 |
| A4674       | CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ. | NSR                          | NSR                                     | NSR                                      |                 |
| A4680       | ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH                                       | NSR                          | NSR                                     | NSR                                      |                 |
| A4690       | DIALYZER (ARTIFICIAL KIDNEY), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH           | NSR                          | NSR                                     | NSR                                      |                 |
| A4706       | BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON                      | NSR                          | NSR                                     | NSR                                      |                 |
| A4707       | BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET                        | NSR                          | NSR                                     | NSR                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
| A4708       | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON   | NSR                          | NSR                                     | NSR                                      |                 |
| A4709       | ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON   | NSR                          | NSR                                     | NSR                                      |                 |
| A4714       | TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON   | NSR                          | NSR                                     | NSR                                      |                 |
| A4719       | Y SET TUBING FOR PERITONEAL DIALYSIS   | NSR                          | NSR                                     | NSR                                      |                 |
| A4720       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249 CC, BUT LESS THAN OR EQUAL TO 999 CC, FOR PERITONEAL DIALYSIS   | NSR                          | NSR                                     | NSR                                      |                 |
| A4721       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999 CC, BUT LESS THAN OR EQUAL TO 1999 CC, FOR PERITONEAL DIALYSIS  | NSR                          | NSR                                     | NSR                                      |                 |
| A4722       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999 CC, BUT LESS THAN OR EQUAL TO 2999 CC, FOR PERITONEAL DIALYSIS | NSR                          | NSR                                     | NSR                                      |                 |
| A4723       | DIALYSATE SOLUTION, ANY CONCENTRATION  | NSR                          | NSR                                     | NSR                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | OF DEXTROSE, FLUID VOLUME GREATER THAN 2999 CC, BUT LESS THAN OR EQUAL TO 3999 CC, FOR PERITONEAL DIALYSIS                                       |                              |   |  |                 |
| A4724       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999 CC, BUT LESS THAN OR EQUAL TO 4999 CC, FOR PERITONEAL DIALYSIS | NSR                          | NSR                                     | NSR                                      |                 |
| A4725       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999 CC, BUT LESS THAN OR EQUAL TO 5999 CC, FOR PERITONEAL DIALYSIS | NSR                          | NSR                                     | NSR                                      |                 |
| A4726       | DIALYSATE SOLUTION, ANY CONCENTRATION OF DESTROSE, FLUID VOLUME GREATER THAN 5999 CC   | NSR                          | NSR                                     | NSR                                      |                 |
| A4728       | DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML  | NSR                          | NSR                                     | NSR                                      |                 |
| A4730       | FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH   | NSR                          | NSR                                     | NSR                                      |                 |
| A4736       | TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM   | NSR                          | NSR                                     | NSR                                      |                 |
| <b>Code</b> | <b>Brief Description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
|             |   |                              | supply)                                 | noted)                                   |                 |
| A4737       | INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML                              | NSR                          | NSR                                     | NSR                                      |                 |
| A4740       | SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE                                 | NSR                          | NSR                                     | NSR                                      |                 |
| A4750       | BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH                    | NSR                          | NSR                                     | NSR                                      |                 |
| A4755       | BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH          | NSR                          | NSR                                     | NSR                                      |                 |
| A4760       | DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH        | NSR                          | NSR                                     | NSR                                      |                 |
| A4765       | DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET | NSR                          | NSR                                     | NSR                                      |                 |
| A4766       | DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER10 ML | NSR                          | NSR                                     | NSR                                      |                 |
| A4770       | BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50                         | NSR                          | NSR                                     | NSR                                      |                 |
| A4771       | SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50                              | NSR                          | NSR                                     | NSR                                      |                 |
| A4772       | BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50                             | NSR                          | NSR                                     | NSR                                      |                 |
| A4773       | OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50                              | NSR                          | NSR                                     | NSR                                      |                 |
| A4774       | AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50                                   | NSR                          | NSR                                     | NSR                                      |                 |
| A4802       | PROTAMINE SULFATE,  | NSR                          | NSR                                     | NSR                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments       |
|-------|---|-----------------------|----------------------------------|-----------------------------------|----------------|
|       | FOR HEMODIALYSIS, PER 50 MG                                     |                       |                                  |                                   |                |
| A4860 | DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10        | NSR                   | NSR                              | NSR                               |                |
| A4870 | PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT | N/C                   | N/C                              | N/C                               |                |
| A4890 | CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT   | N/C                   | N/C                              | N/C                               |                |
| A4911 | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH                            | NSR                   | NSR                              | NSR                               |                |
| Code  | Brief Description   | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments       |
| A4913 | MISC DIALYSIS SUPPLIES  | ICB                   | ICB                              | N/A                               | PA is required |
| A4918 | VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH                   | NSR                   | NSR                              | NSR                               |                |
| A4927 | GLOVES, NON-STERILE, PER 100                                    | NSR                   | NSR                              | NSR                               |                |
| A4928 | SURGICAL MASK, PER 20   | NSR                   | NSR                              | NSR                               |                |
| A4929 | TOURNIQUET FOR DIALYSIS, EA                                     | NSR                   | NSR                              | NSR                               |                |
| A4930 | GLOVES, STERILE, PER PAIR                                       | NSR                   | NSR                              | NSR                               |                |
| A4931 | ORAL THERMOMETER, REUSABLE, ANY TYPE, EA                        | NSR                   | NSR                              | NSR                               |                |
| A4932 | RECTAL THERMOMETER, REUSABLE, ANY TYPE, EA                      | NSR                   | NSR                              | NSR                               |                |
| A5051 | OSTOMY POUCH CLOSED, W/BARRIER ATTACHED (1PC)                   | 60                    | 180                              | N/A                               |                |
| A5052 | OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1PC)                | 60                    | 180                              | N/A                               |                |
| A5053 | OSTOMY POUCH, CLOSED; FOR USE ON                                | 60                    | 180                              | N/A                               |                |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments |
|-------|--|-----------------------|----------------------------------|-----------------------------------|----------|
|       | FACEPLATE  |                       |                                  |                                   |          |
| A5054 | OSTOMY POUCH, CLOSED; USE ON BARR W/FLG (2PC)                | 60                    | 180                              | N/A                               |          |
| A5055 | STOMA CAP  | 30                    | 90                               | N/A                               |          |
| A5061 | OSTOMY POUCH; DRAINABLE W/BARRIER ATTACHED 1PC               | 20                    | 60                               | N/A                               |          |
| A5062 | OSTOMY POUCH, DRAINABLE; W/O BARRIER ATTCH 1PC               | 20                    | 60                               | N/A                               |          |
| A5063 | OSTOMY POUCH, DRNBLE; USE ON BARR W/FLG (2PC)                | 20                    | 60                               | N/A                               |          |
| A5071 | OSTOMY POUCH, URINARY WITH BARRIER (1PC) EACH                | 20                    | 60                               | N/A                               |          |
| A5072 | OSTOMY POUCH, URINARY; USE W/O BARRIER (1PC)                 | 20                    | 60                               | N/A                               |          |
| A5073 | OSTOMY POUCH, URINARY; USE W/BARR & FLG (2PC)                | 20                    | 60                               | N/A                               |          |
| A5081 | CONTINENT DEVICE; PLUG FOR CONT STOMA                        | 30                    | 90                               | N/A                               |          |
| A5082 | CONTINENT DEVICE; CATH FOR CONT STOMA                        | 1                     | 3                                | N/A                               |          |
| Code  | Brief Description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments |
| A5083 | CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA | 60                    | 180                              | N/A                               |          |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT                              | 10                    | 30                               | N/A                               |          |
| A5102 | BEDSDE DRN BTL W/W/O TUBE RIGID/EXPANDBL                     | N/A                   | N/A                              | 2 per 6 M                         |          |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
| A5105       | URIN SUSP; W/LEG BAG, W OR W/O TUBING  | 1                            | 3                                       | N/A                                      |                 |
| A5112       | URINARY LEG BAG; LATEX   | 1                            | 3                                       | N/A                                      |                 |
| A5113       | LEG STRAP; LATEX PER SET   | 1                            | 3                                       | N/A                                      |                 |
| A5114       | LEG STRAP; FOAM OR FABRIC, PER SET   | 1                            | 3                                       | N/A                                      |                 |
| A5120       | SKIN BARRIER, WIPES OR SWABS, EACH   | 30                           | 90                                      | N/A                                      |                 |
| A5121       | SKIN BARRIER; SOLID, 6X6 OR EQUIV, EACH  | 20                           | 60                                      | N/A                                      |                 |
| A5122       | SKIN BARRIER; SOLID, 8X8 OR EQUIV, EACH  | 20                           | 60                                      | N/A                                      |                 |
| A5126       | ADHESIVE OR NON-ADHESIVE; DISC OR FOAM PAD, EACH   | 10                           | 30                                      | N/A                                      |                 |
| A5131       | APPLIANCE CLEANER, INCONTINENCE & OSTOMY APPLIANCES, PER 16oz  | 1                            | 3                                       | N/A                                      |                 |
| A5200       | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT  | 12                           | 36                                      | N/A                                      |                 |
| A5500       | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERTS(S), PER SHOE | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5501       | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (SUCTOM MOLDED SHOE), PER SHOE                     | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5503       | FOR DIABETICS ONLY,  | N/A                          | N/A                                     | 1 pair                                   |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE          |                              |   | per 12 M                                 |                 |
| A5504       | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGE(S), PER SHOE           | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5505       | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE     | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5506       | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE    | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5507       | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE | N/A                          | N/A                                     | 1 pair per 12 M                          |                 |
| A5508       | FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE   | N/C                          | N/C                                     | N/C                                      |                 |
| A5510       | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-                                | N/C                          | N/C                                     | N/C                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| Code  | Brief description  | No. per month episode | No. per 3 months (90-day supply) | No. per 6 or 12 months (as noted) | Comments  |
|-------|--|-----------------------|----------------------------------|-----------------------------------|---|
|       | DENSITY INSERT(S) PREFABRICATED, PER SHOE  |                       |                                  |                                   |   |
| A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, PREFABRICATED, EACH                                     | N/A                   | N/A                              | 3 pair per 12 M                   | Inserts for A5500   |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM FABRICATED, EACH                                 | N/A                   | N/A                              | 3 pair per 12 M                   | Inserts for A5501   |
| A6000 | NON-CONTACT WOUND WARMING WOUND COVER  | N/C                   | N/C                              | N/C                               |   |
| A6010 | COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN  | ICB                   | N/A                              | N/A                               | Quantity limited to amount required for one dressing change per day |
| A6011 | COLLAGEN DRESSING WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN                                      | ICB                   | N/A                              | N/A                               | Quantity limited to amount required for one dressing change per day |
| A6021 | COLLAGEN DRESSING PAD SIZE 16 SQ. IN. OR LESS, EACH  | 30                    | N/A                              | N/A                               |   |
| A6022 | COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH EACH PAD | 30                    | N/A                              | N/A                               |   |
| A6023 | COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH   | 30                    | N/A                              | N/A                               |   |
| A6024 | COLLAGEN DRESSING WOUND FILLER, PER 6 IN.  | 60                    | N/A                              | N/A                               |   |
| A6025 | SILICONE GEL SHEET, EA   | N/C                   | N/C                              | N/C                               |   |
| A6154 | WOUND POUCH, EACH  | 12                    | N/A                              | N/A                               |   |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING    | 30                    | N/A                              | N/A                               |   |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING,  | 30                    | N/A                              | N/A                               |   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
|             | WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING                                      |                              |   |  |                 |
| A6198       | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ., EACH DRESSING                                     | 30                           | N/A                                     | N/A                                      |                 |
| A6199       | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.   | 60                           | N/A                                     | N/A                                      |                 |
| A6200       | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING   | 12                           | N/A                                     | N/A                                      |                 |
| A6201       | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING      | 12                           | N/A                                     | N/A                                      |                 |
| A6202       | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING   | 12                           | N/A                                     | N/A                                      |                 |
| A6203       | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                       | 12                           | N/A                                     | N/A                                      |                 |
| A6204       | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 12                           | N/A                                     | N/A                                      |                 |
| A6205       | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                     | 12                           | N/A                                     | N/A                                      |                 |
| A6206       | CONTACT LAYER, 16 SQ. IN. OR LESS, EACH   | 4                            | N/A                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>   |
|-------------|--|------------------------------|---|--|---|
|             | DRESSING   |                              |   |  |   |
| A6207       | CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING  | 4                            | N/A                                     | N/A                                      |   |
| A6208       | CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING   | 4                            | N/A                                     | N/A                                      |   |
| A6209       | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | 12                           | N/A                                     | N/A                                      |   |
| A6210       | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING       | 12                           | N/A                                     | N/A                                      |   |
| A6211       | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING  | 12                           | N/A                                     | N/A                                      |   |
| A6212       | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING  | 12                           | N/A                                     | N/A                                      |   |
| A6213       | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 12                           | N/A                                     | N/A                                      |   |
| A6214       | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                      | 12                           | N/A                                     | N/A                                      |   |
| A6215       | FOAM DRESSING, WOUND FILLER, PER GRAM  | ICB                          | N/A                                     | N/A                                      | Quantity limited to amount required for one dressing change per day |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
| A6216       | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | 100                          | N/A                                     | N/A                                      |                 |
| A6217       | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 100                          | N/A                                     | N/A                                      |                 |
| A6218       | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING                                      | 100                          | N/A                                     | N/A                                      |                 |
| A6219       | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING   | 30                           | N/A                                     | N/A                                      |                 |
| A6220       | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING        | 30                           | N/A                                     | NA                                       |                 |
| A6221       | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING   | 30                           | N/A                                     | NA                                       |                 |
| A6222       | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING       | 30                           | N/A                                     | NA                                       |                 |
| A6223       | GAUZE, IMPREGNATED WITH OTHER THAN  | 30                           | N/A                                     | NA                                       |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING          |                              |   |  |                 |
| A6224       | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 S. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING             | 30                           | N/A                                     | NA                                       |                 |
| A6228       | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | NSR                          | NSR                                     | NSR                                      |                 |
| A6229       | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | NSR                          | NSR                                     | NSR                                      |                 |
| A6230       | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING                                      | NSR                          | NSR                                     | NSR                                      |                 |
| A6231       | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING   | 30                           | N/A                                     | N/A                                      |                 |
| 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           | 30                           | N/A                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
| A6233       | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING  | 30                           | N/A                                     | N/A                                      |                 |
| A6234       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING   | 12                           | N/A                                     | N/A                                      |                 |
| A6235       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , WITHOUT ADHESIVE BORDER, EACH DRESSING     | 12                           | N/A                                     | N/A                                      |                 |
| A6236       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING   | 12                           | N/A                                     | N/A                                      |                 |
| A6237       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH  | 12                           | N/A                                     | N/A                                      |                 |
| A6238       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 12                           | N/A                                     | N/A                                      |                 |
| A6239       | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                     | 12                           | N/A                                     | N/A                                      |                 |
| A6240       | HYDROCOLLOID  | 12                           | N/A                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>   |
|-------------|--|------------------------------|---|--|---|
|             | DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.   |                              |   |  |   |
| A6241       | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM  | ICB                          | N/A                                     | N/A                                      | Quantity limited to amount required for one dressing change per day |
| A6242       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | 30                           | N/A                                     | N/A                                      |   |
| A6243       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING       | 30                           | N/A                                     | N/A                                      |   |
| A6244       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING  | 30                           | N/A                                     | N/A                                      |   |
| A6245       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH   | 12                           | N/A                                     | N/A                                      |   |
| A6246       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 12                           | N/A                                     | N/A                                      |   |
| A6247       | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                      | 12                           | N/A                                     | N/A                                      |   |
| A6248       | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.  | 3                            | N/A                                     | N/A                                      |   |
| A6250       | SKIN SEALANTS, PROTECTANTS,  | N/C                          | N/C                                     | N/C                                      |   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE  |                              |   |  |                 |
| A6251       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | 30                           | N/A                                     | N/A                                      |                 |
| A6252       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING       | 30                           | N/A                                     | N/A                                      |                 |
| A6253       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING  | 30                           | N/A                                     | N/A                                      |                 |
| A6254       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING  | 15                           | N/A                                     | N/A                                      |                 |
| A6255       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 15                           | N/A                                     | N/A                                      |                 |
| A6256       | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                                      | 15                           | N/A                                     | N/A                                      |                 |
| A6257       | TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING  | 12                           | N/A                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>   |
|-------------|---|------------------------------|---|--|---|
| A6258       | TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING  | 12                           | N/A                                     | N/A                                      |   |
| A6259       | TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING   | 12                           | N/A                                     | N/A                                      |   |
| A6260       | WOUND CLEANSERS, ANY TYPE, ANY SIZE   | N/C                          | N/C                                     | N/C                                      |   |
| A6261       | WOUND FILLER, GEL/PASTE, PER FLUID OZ., NOT ELSEWHERE CLASSIFIED  | 30                           | N/A                                     | N/A                                      |   |
| A6262       | WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED  | ICB                          | ICB                                     | N/A                                      | Quantity limited to amount required for one dressing change per day |
| A6266       | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD  | 60                           | N/A                                     | N/A                                      |   |
| A6402       | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING  | 100                          | N/A                                     | N/A                                      |   |
| A6403       | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 100                          | N/A                                     | N/A                                      |   |
| A6404       | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING                                      | 100                          | N/A                                     | N/A                                      |   |
| A6407       | PACKING STRIPS, NON-IMPREGNATED, UP TO TWO IN. IN WIDTH, PER LINEAR YARD  | 60                           | N/A                                     | N/A                                      |   |
| A6410       | EYE PAD, STERILE, EA  | 5                            | N/A                                     | N/A                                      |   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
| A6411       | EYE PAD, NON-STERILE, EA  | 5                            | N/A                                     | N/A                                      |                 |
| A6412       | EYE PATCH, OCCLUSIVE, EA  | N/C                          | N/C                                     | N/C                                      |                 |
| A6413       | ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH  | N/C                          | N/C                                     | N/C                                      |                 |
| A6441       | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD         | 60                           | N/A                                     | N/A                                      |                 |
| A6442       | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN 3 IN., PER YARD                                    | 60                           | N/A                                     | N/A                                      |                 |
| A6443       | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD | 60                           | N/A                                     | N/A                                      |                 |
| A6444       | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD                     | 60                           | N/A                                     | N/A                                      |                 |
| A6445       | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN 3 IN., PER YARD  | 60                           | N/A                                     | N/A                                      |                 |
| A6446       | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD     | 60                           | N/A                                     | N/A                                      |                 |
| A6447       | CONFORMING BANDAGE, NON-ELASTIC,  | 60                           | N/A                                     | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>                   |
|-------------|---|------------------------------|---|--|-----------------------------------|
|             | KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD  |                              |   |  |                                   |
| A6448       | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN 3 IN., PER YARD  | 30                           | N/A                                     | N/A                                      | Only CV as a dressing for a wound |
| A6449       | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD     | 30                           | N/A                                     | N/A                                      | Only CV as a dressing for a wound |
| A6450       | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD                         | 30                           | N/A                                     | N/A                                      | Only CV as a dressing for a wound |
| A6451       | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN AND LESS THAN 5 IN., PER YARD   | 30                           | N/A                                     | N/A                                      | Only CV as a dressing for a wound |
| A6452       | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD      | 30                           | N/A                                     | N/A                                      | Only CV as a dressing for a wound |
| A6453       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN 3 IN., PER YARD                                    | 30                           | N/A                                     | N/A                                      |                                   |
| A6454       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD | 30                           | N/A                                     | N/A                                      |                                   |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|--|------------------------------|---|--|--|
| A6455       | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD                          | 30                           | N/A                                     | N/A                                      |  |
| A6456       | ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD | 60                           | N/A                                     | N/A                                      |  |
| A6457       | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD   | 60                           | N/A                                     | N/A                                      |  |
| A6501       | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED   | N/A                          | N/A                                     | 2 PER 12 M                               | COMPRESSION BURN GARMENTS (A6501-A6513): Compression burn garments are covered under the Surgical Dressings benefit when they are used to reduce hypertrophic scarring and joint contractures following a burn injury. |
| A6502       | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED  | N/A                          | N/A                                     | 2 PER 12 M                               |  |
| A6503       | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED   | N/A                          | N/A                                     | 2 PER 12 M                               |  |
| A6504       | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED  | N/A                          | N/A                                     | 4 PER 12 M                               |  |
| A6505       | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED  | N/A                          | N/A                                     | 4 PER 12 M                               |  |
| A6506       | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED   | N/A                          | N/A                                     | 4 PER 12 M                               |  |
| A6507       | COMPRESSION BURN GARMENT, FOOT TO  | N/A                          | N/A                                     | 4 PER 12 M                               |  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>                                 |
|-------------|---|------------------------------|---|--|---|
|             | KNEE LENGTH, CUSTOM FABRICATED  |                              |   |  |   |
| A6508       | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED                                 | N/A                          | N/A                                     | 4 PER 12 M                               |   |
| A6509       | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED   | N/A                          | N/A                                     | 2 PER 12 M                               |   |
| A6510       | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED | N/A                          | N/A                                     | 2 PER 12 M                               |   |
| A6511       | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED           | N/A                          | N/A                                     | 2 PER 12 M                               |   |
| A6512       | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED  | N/A                          | N/A                                     | ICB                                      | PA is required                                  |
| A6513       | COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED                      | N/A                          | N/A                                     | 4 PER 12 M                               |   |
| A6530       | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30MMHG, EA  | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema. |
| A6531       | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40MMHG, EA  | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema. |
| A6532       | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50MMHG, EA  | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema. |
| A6533       | GRADIENT COMPRESSION STOCKING, THIGH LNG, 18-30MMHG, EA   | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema. |
| A6534       | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG,  | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema. |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|---|------------------------------|---|--|--|
|             | EACH  |                              |   |  |  |
| A6535       | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH           | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6536       | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6537       | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6538       | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6539       | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH           | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6540       | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH           | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6541       | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH           | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6542       | GRADIENT COMPRESSION STOCKING, CUSTOM MADE                              | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6543       | GRADIENT COMPRESSION STOCKING, LYMPHEDEMA                               | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6544       | GRADIENT COMPRESSION STOCKING, GARTER BELT                              | N/A                          | N/A                                     | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6545       | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH   | N/A                          |   | 6 PER 12 M                               | CV for open venous stasis ulcer and lymphedema.                  |
| A6549       | GRADIENT COMPRESSION STOCKING, NOS                                      | N/A                          | N/A                                     | 6 PER 12 M                               | PA is required - CV for open venous stasis ulcer and lymphedema. |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
| A6550       | WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES | 15                           | N/A                                     | N/A                                      |                 |
| A7000       | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH   | 10                           | 30                                      | N/A                                      |                 |
| A7001       | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH   | 1                            | N/A                                     | N/A                                      |                 |
| A7002       | TUBING, USED WITH SUCTION PUMP, EACH   | ICB                          | ICB                                     | ICB                                      |                 |
| A7003       | ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE                         | 2                            | 6                                       | N/A                                      |                 |
| A7004       | SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE  | 2                            | 6                                       | N/A                                      |                 |
| A7005       | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE                      | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7006       | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER   | 1                            | 3                                       | NA                                       |                 |
| A7007       | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR                                 | 2                            | 6                                       | NA                                       |                 |
| A7008       | LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR                                | N/C                          | N/C                                     | N/C                                      |                 |
| A7009       | RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER                              | N/C                          | N/C                                     | N/C                                      |                 |
| A7010       | CORRUGATED TUBING, DISPOSABLE, USED WITH   | NA                           | NA                                      | 3 PER 6 M                                |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
|             | LARGE VOLUME NEBULIZER, 100 FEET  |                              |   |  |                 |
| A7011       | CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET                                 | N/A                          | N/A                                     | 1 PER 12 M                               |                 |
| A7012       | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER   | 2                            | 6                                       | N/A                                      |                 |
| A7013       | FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR  | 2                            | 6                                       | N/A                                      |                 |
| A7014       | FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR                              | NA                           | 1                                       | N/A                                      |                 |
| A7015       | AEROSOL MASK, USED WITH DME NEBULIZER   | 1                            | 3                                       | N/A                                      |                 |
| A7016       | DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER  | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7017       | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN                      | N/A                          | N/A                                     | 1 PER 12 M                               |                 |
| A7018       | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML   | N/C                          | N/C                                     | N/C                                      |                 |
| A7025       | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH | N/A                          | N/A                                     | 1 PER 12 M                               |                 |
| A7026       | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH | N/A                          | N/A                                     | 1 PER 12 M                               |                 |
| A7027       | COMBINATION ORAL/NASAL MASK, USED   | N/A                          | 1                                       | N/A                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | WITH CPAP DEVICE, EACH   |                              |   |  |                 |
| A7028       | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH   | 2                            | 6                                       | N/A                                      |                 |
| A7029       | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  | 2                            | 6                                       | N/A                                      |                 |
| A7030       | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH   | N/A                          | 1                                       | N/A                                      |                 |
| A7031       | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH  | 1                            | 3                                       | N/A                                      |                 |
| A7032       | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH  | 2                            | 6                                       | N/A                                      |                 |
| A7033       | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR                                       | 2                            | 6                                       | N/A                                      |                 |
| A7034       | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP | 1                            | 3                                       | N/A                                      |                 |
| A7035       | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE   | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7036       | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7037       | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE   | 1                            | 3                                       | NA                                       |                 |
| A7038       | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | 2                            | 6                                       | NA                                       |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
| A7039       | FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7040       | ONE WAY CHEST DRAIN VALVE  | ICB                          | ICB                                     | ICB                                      |                 |
| A7041       | WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE                                 | ICB                          | ICB                                     | ICB                                      |                 |
| A7042       | IMPLANTED PLEURAL CATHETER, EACH   | ICB                          | ICB                                     | ICB                                      |                 |
| A7043       | VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER  | ICB                          | ICB                                     | ICB                                      |                 |
| A7044       | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH   | ICB                          | ICB                                     | ICB                                      |                 |
| A7045       | EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY | ICB                          | ICB                                     | ICB                                      |                 |
| A7046       | WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH                 | N/A                          | N/A                                     | 1 PER 6 M                                |                 |
| A7501       | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH  | ICB                          | ICB                                     | ICB                                      |                 |
| A7502       | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH   | ICB                          | ICB                                     | ICB                                      |                 |
| A7503       | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH   | ICB                          | ICB                                     | ICB                                      |                 |
| A7504       | FILTER FOR USE IN A TRACHEOSTOMA HEAT  | ICB                          | ICB                                     | ICB                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|---|------------------------------|---|--|-----------------|
|             | AND MOISTURE EXCHANGE SYSTEM, EACH  |                              |   |  |                 |
| A7505       | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH           | ICB                          | ICB                                     | ICB                                      |                 |
| A7506       | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE, EACH                         | ICB                          | ICB                                     | ICB                                      |                 |
| A7507       | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH             | ICB                          | ICB                                     | ICB                                      |                 |
| A7508       | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOME VALVE, EACH | ICB                          | ICB                                     | ICB                                      |                 |
| A7509       | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOME HEAT AND MOISTURE EXCHANGE SYSTEM, EACH        | ICB                          | ICB                                     | ICB                                      |                 |
| A7520       | TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH  | ICB                          | ICB                                     | ICB                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>                |
|-------------|--|------------------------------|---|--|--------------------------------|
| A7521       | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH   | ICB                          | ICB                                     | ICB                                      |                                |
| A7522       | TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH | ICB                          | ICB                                     | ICB                                      |                                |
| A7523       | TRACHEOSTOMA SHOWER PROTECTOR, EACH  | ICB                          | ICB                                     | ICB                                      |                                |
| A7524       | TRACHEOSTOMA STENT/STUD/BUTTON, EACH   | ICB                          | ICB                                     | ICB                                      |                                |
| A7525       | TRACHEOSTOMY MASK, EACH  | ICB                          | ICB                                     | ICB                                      |                                |
| A7526       | TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH  | ICB                          | ICB                                     | ICB                                      |                                |
| A7527       | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH   | ICB                          | ICB                                     | ICB                                      |                                |
| A8000       | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES           | N/C                          | N/C                                     | N/C                                      | Safety helmets are not covered |
| A8001       | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES           | N/C                          | N/C                                     | N/C                                      | Safety helmets are not covered |
| A8002       | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES       | N/C                          | N/C                                     | N/C                                      | Safety helmets are not covered |
| A8003       | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES       | N/C                          | N/C                                     | N/C                                      | Safety helmets are not covered |
| A8004       | SOFT INTERFACE FOR HELMET, REPLACEMENT   | N/C                          | N/C                                     | N/C                                      | Safety helmets are not covered |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>   | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b> |
|-------------|--|------------------------------|---|--|-----------------|
|             | ONLY   |                              |   |  |                 |
| A9510       | NONPRESCRIPTION DRUG   | N/C                          | N/C                                     | N/C                                      |                 |
| A9512       | SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOS  | N/C                          | N/C                                     | N/C                                      |                 |
| A9153       | MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOS  | N/C                          | N/C                                     | N/C                                      |                 |
| A9155       | ARTIFICIAL SALIVA, 30 ML   | N/C                          | N/C                                     | N/C                                      |                 |
| A9180       | PEDICULOSIS TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER  | N/C                          | N/C                                     | N/C                                      |                 |
| A9270       | NON-COVERED ITEM OR SERVICE  | N/C                          | N/C                                     | N/C                                      |                 |
| A9274       | EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES                       | N/C                          | N/C                                     | N/C                                      |                 |
| A9275       | HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS  | N/C                          | N/C                                     | N/C                                      |                 |
| A9276       | SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL cgms, ON UNIT = 1 DAY SUPPLY                   | N/C                          | N/C                                     | N/C                                      |                 |
| A9277       | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CGMS  | N/C                          | N/C                                     | N/C                                      |                 |
| A9278       | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH CGMS  | N/C                          | N/C                                     | N/C                                      |                 |
| A9279       | MONITORING FEATURE, DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOS | N/C                          | N/C                                     | N/C                                      |                 |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

**Appendix A: Medical Supplies Codes**

| <b>Code</b> | <b>Brief description</b>  | <b>No. per month episode</b> | <b>No. per 3 months (90-day supply)</b> | <b>No. per 6 or 12 months (as noted)</b> | <b>Comments</b>  |
|-------------|---|------------------------------|---|--|--|
| A9280       | ALERT OR ALARM DEVICE, NOS  | N/C                          | N/C                                     | N/C                                      |  |
| A9282       | WIG, ANY TYPE, EACH   | N/A                          | N/A                                     | 1 PER 12 M                               | PA is required; coverage limited to \$350 per calendar year for hair loss due to treatment as a result of cancer or leukemia |
| A9283       | FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH                         | N/C                          | N/C                                     | N/C                                      |  |
| A9284       | SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES                                | NSR                          | NSR                                     | NSR                                      |  |
| A9300       | EXERCISE EQUIPMENT  | N/C                          | N/C                                     | N/C                                      |  |
| A9900       | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE | ICB                          | ICB                                     | ICB                                      | PA required  |
| A9901       | DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE     | NSR                          | NSR                                     | NSR                                      |  |
| A9999       | MISCELLANEOUS SME SUPPLY OR ACCESSORY, NOS  | ICB                          | ICB                                     | ICB                                      | PA required  |

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed; ICB = individual coverage basis

