



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

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare®

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 I 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/prior authorization requirements

Summit ElderCare requires prior authorization for all non-emergency outside services. Please contact the referring Summit ElderCare PACE site for assistance.

NaviCareSM requires that all non-emergency services be authorized in advance. Please contact an Enrollee Service Representative at (877) 700-6996 for assistance.

Prior authorization is not required for medical supplies and/or surgical dressings with the exception of the following:

- Miscellaneous medical supply codes,
- Not Otherwise Specified (NOS) medical supply codes, and
- Wig codes

CPAP, APAP need prior authorization in certain circumstances. See table below for codes and applicable FCHP benefit designs requiring prior authorization.

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:	12/10/03
Previous revision date(s):	04/14/04, 05/25/05, 06/07/06, 05/09/07, 03/01/09, 05/01/09, 11/01/09 - updated table of codes to indicate A4606 is reimbursed only for MassHealth members. 03/01/2010 – Added that PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO for codes A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046. 07/01/2010 – Added a category in Appendix A for Deny Vendor Liable (DVL), updated table in Appendix A to indicate that A4281-A4286 are not separately reimbursed, added new codes A4264, A4336, A4360, A4456, and A4466.
Connection date & details:	January 2011 – Updated coverage information for codes A5500, A5501, A5503-A5507, A5512, A5513, A9276, A9277, and A9278 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 & Quantity Limits

Supplies & 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

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=terminacontent&f=masshealth_government_mh_payment_coverage_guideline_tools&csid=Eeohhs2

Table 1: Quantities covered per specific time periods.

KEY: DVL = deny vendor liable; M = months; NA = not applicable; NC = not covered; NL = no limit; NSR = not separately reimbursed; ICB = individual coverage basis; PA = prior authorization.

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.

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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
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.
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

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
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	
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	N/A	2	N/A	OTC-member reimbursement

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
	PATIENT, EACH				
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 CONTAINING ANTISEPTIC, 1 ML	NSR	NSR	NSR	
A4250	URINE TEST/REAGENT STRIPS/TAB (100)	NSR	NSR	NSR	
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	NSR	NSR	NSR	
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	

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
A4263	PERMANENT, LONG-TERM, NONDISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	ICB	ICB	N/A	
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	See Comments	See Comments	See Comments	NSR until 2010 Medicare based fee schedule is implemented; then reimbursed with a lifetime limit of one (1).
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 SHEATH, EACH	NSR	NSR	NSR	
A4280	SKIN SUPPORT ATTACHMENT EACH	ICB	ICB	N/A	
A4281	TUBING FOR BREAST PUMP	NSR	NSR	NSR	Included in the breast pump rental
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	NSR	NSR	NSR	Included in the breast pump rental
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	NSR	NSR	NSR	Included in the breast pump rental
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	NSR	NSR	NSR	Included in the breast pump rental
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	NSR	NSR	NSR	Included in the breast pump rental
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	NSR	NSR	NSR	Included in the breast pump rental
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	ICB	ICB	N/A	
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.,	ICB	ICB	N/A	

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	VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.)				
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	ICB	ICB	N/A	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR	ICB	ICB	N/A	
A4310	INSERT TRAY W/O DRN BAG & W/O CATHETER	1	3	N/A	
A4311	INSERT.TRAY W/O DRNBAG 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 DRAINANGE 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 SKN ATTCH	12	36	N/A	
A4334	URINARY CATH ANCHORING	1	3	N/A	

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	DVCE, LEG STRAP				
A4335	INCONTINENCE SUPPLIES, MISC	ICB	ICB	N/A	PA is required
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	DVL	DVL	DVL	
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	
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH	DVL	DVL	DVL	
A4361	OSTOMY FACEPLATE	N/A	N/A	3 per 6 M	
A4362	SKIN BARRIER; SOLID 4X4 OR EQUIV, EA	20	60	N/A	
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

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					pouches.
A4364	OSTOMY SKIN BOND OR CEMENT (SPRAY,BRUSH)	4	12	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	
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	

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
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; SLEEVE, EA	4	12	N/A	
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	

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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	
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	

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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	
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.
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	50 EACH	150 EACH	N/A	For use with the following ICD-9-CM diagnosis codes: 569.60, 569.62, V44.2, V44.3, V44.6, V55.2, V55.3, and V55.6, and when used with facial prostheses.
A4458	ENEMA BAG W/ TUBING, REUSABLE	N/C	N/C	N/C	
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	
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	DVL	DVL	DVL	
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	N/C	N/C	N/C	

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	KNEE,EA				
A4495	SURGICAL STCKNGS,THIGH LNGTH,EA	N/C	N/C	N/C	
A4500	SURGICAL STCKNGS,KNEE LNGTH,EA	N/C	N/C	N/C	
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	

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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	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO 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	N/A	N/A	1 per 12 M	Covered for MassHealth only
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	N/A	N/A	1 per 12 M	

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
	VENTILATOR				
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 6/1/89 only.
A4618	BREATHING CIRCUITS; 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

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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 ELECTRICAL STIMULATOR, OWNED BY PATIENT	NSR	NSR	NSR	Replacement batteries for pt. owned TENS unit are included in A4595 - TENS supply allowance
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,W LKR,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	

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A4652	MICROCAPILLARY TUBE SEALANT	NSR	NSR	NSR	
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	N/C	N/C	N/C	
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	
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	NSR	NSR	NSR	
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	NSR	NSR	NSR	

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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 OF DEXTROSE, FLUID VOLUME GREATER THAN 2999 CC, BUT LESS THAN OR EQUAL TO 3999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999 CC, BUT LESS THAN OR EQUAL TO 4999 CC, FOR	NSR	NSR	NSR	

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	PERITONEAL DIALYSIS				
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	
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	

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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
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	NSR	NSR	NSR	
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIAYSIS, 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	
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 FACEPLATE	60	180	N/A	
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	

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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
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	
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	
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	N/A	N/A	1 pair per 12 M	A5500 and A5501 combined MassHealth: 2 pairs per 12 M

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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
	ACCOMMODATE MULTI-DENSITY INSERTS(S), PER SHOE				
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (SUCTION MOLDED SHOE), PER SHOE	N/A	N/A	1 pair per 12 M	A5500 and A5501 combined MassHealth: 2 pairs per 12 M
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	N/A	N/A	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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,	N/C	N/C	N/C	

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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
	COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE				
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER. TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH	N/A	N/A	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	N/A	N/A	3 pairs per 12 M	A5503-A5507, A5512, A5513 combined
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.,	30	N/A	N/A	

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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
	EACH				
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, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	30	N/A	N/A	
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	

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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
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	4	N/A	N/A	
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
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-	100	N/A	N/A	

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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
	IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				
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 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	30	N/A	NA	
A6224	GAUZE, INPREGNATED 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,	NSR	NSR	NSR	

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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
	PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				
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	
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,	12	N/A	N/A	

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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
	EACH				
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 DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	12	N/A	N/A	
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	

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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
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	3	N/A	N/A	
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	N/C	N/C	N/C	
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	
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	NSR	NSR	NSR	

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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
	TYPE, ANY SIZE				
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	
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,	60	N/A	N/A	

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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
	NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD				
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, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD	60	N/A	N/A	
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	30	N/A	N/A	Only CV as a dressing for a wound

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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
	GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD				
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	
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	N/A	N/A	4 PER 12 M	

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	AXILLA, CUSTOM FABRICATED				
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	N/A	N/A	4 PER 12 M	
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, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
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.

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Appendix A: Medical Supplies Codes

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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			6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6549	GRADIENT COMPRESSION STOCKING/ SLEEVE, NOS	N/A	N/A	6 PER 12 M	PA is required - CV for open venous stasis ulcer and lymphedema.
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	

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Code	Brief Description	No. per month episode	No. per 3 months (90-day supply)	No. per 6 or 12 months (as noted)	Comments
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 LARGE VOLUME NEBULIZER, 100 FEET	NA	NA	3 PER 6 M	
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	N/A	N/A	1 PER 12	

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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
	OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN			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 WITH CPAP DEVICE, EACH	N/A	1	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	2	6	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	2	6	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	N/A	1	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1	3	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	2	6	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	2	6	N/A	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7034	NASAL INTERFACE (MASK	1	3	N/A	PA is required for FCHP Direct

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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
	OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP				Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	3	NA	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	2	6	NA	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
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	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	ICB	ICB	ICB	PA is required for FCHP Direct Care, FCHP Select Care, Commonwealth Care, Fallon Senior Plan™- HMO
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH	N/A	N/A	1 PER 6 M	PA is required for FCHP Direct Care, FCHP Select Care,

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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
	POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH				Commonwealth Care, Fallon Senior Plan™- HMO
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 AND MOISTURE EXCHANGE SYSTEM, EACH	ICB	ICB	ICB	
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/LARYNGEC	ICB	ICB	ICB	

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	TOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH				
A7521	TRACHEOSTOMY/LARYNGEC TOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	ICB	ICB	ICB	
A7522	TRACHEOSTOMY/LARYNGEC TOMY 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/LARYNGEC TOMY 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 ONLY	N/C	N/C	N/C	Safety helmets are not covered
A9150	NONPRESCRIPTION DRUG	N/C	N/C	N/C	
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOS	N/C	N/C	N/C	

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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	10			PA required
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CGMS			1 every 12 months	PA required
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH CGMS			1 every 12 months	PA required
A9279	MONITORING FEATURE, DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOS	N/C	N/C	N/C	
A9280	ALERT OR ALARM DEVICE, NOS	N/C	N/C	N/C	
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	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-	NSR	NSR	NSR	

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	ELECTRONIC, INCLUDES ALL ACCESSORIES				
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

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