

Washington State Health Care Authority

Medicaid Provider Guide

Nondurable Medical Supplies and Equipment (MSE)
[Refer to Chapter 182-543 WAC]



Washington State
Health Care Authority

A Billing Instruction

About this Guide

This provider guide supersedes all previous *Nondurable Medical Supplies and Equipment Medicaid Provider Guide* published by the Medicaid Program of the Health Care Authority (the Agency). Services and/or equipment related to any of the programs listed below must be billed using their specific billing guides:

- [Wheelchairs & Durable Medical Equipment and Supplies Medicaid Provider Guide](#)
- [Medical Nutrition Medicaid Provider Guide](#)
- [Home Infusion Therapy Medicaid Provider Guide](#)
- [Prosthetic/Orthotic Devices and Supplies Medicaid Provider Guide](#)

Note: The Agency now reissues the entire billing guide when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
PN 12-36	7/1/12	Section E Pg. E.21 Pg. E.23 Pg. E.41 Pg. E.76	Nondurable MSE Coverage Table	Changed procedure codes to noncovered A6228 A6239 A4420 A9180
PN 12-36	7/1/12	Section E Pg. E.16	Nondurable MSE Coverage Table	Changed procedure code to require prior authorization - A6010
PN 12-36	7/1/12	Section E Pg. E.58	Nondurable MSE Coverage Table	Removed modifier "RB" from procedure code A5113, A5114

How Can I Get Agency Provider Guides and Notices?

To download and print Agency Medicaid provider guides and notices, go to the Agency website at <http://hrsa.dshs.wa.gov> (click the *Medicaid Provider Guides and Provider Notices* link).

Table of Contents

Important Contacts	iii
Section A: Definitions & Abbreviations	A.1
Section B: About the Program	
General Information about the program	B.1
Section C: Client Eligibility	
Who Is Eligible?	C.1
Are Clients Enrolled in an Agency Managed Care Plan Eligible?	C.1
Primary Care Case Management (PCCM).....	C.2
Section D: Provider/Manufacturer Information	
Eligible Providers and Provider Requirements.....	D.1
How Can I Request that Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions?	D.2
How Do I Provide Proof of Delivery?	D.3
Rental or Purchase	D.4
Section E: Coverage/Limitations	
What is Covered?.....	E.1
Nondurable MSE Coverage Table	E.11
Section F: Clients Residing in a Skilled Nursing Facility	
What Does the Per Diem Rate Include For a Skilled Nursing Facility?.....	F.1
Manual and Power-Drive Wheelchairs	F.1
Speech Generating Devices (SGD).....	F.2
Specialty Beds.....	F.3
What Does the Agency Pay for Outside of the Per Diem Rate?.....	F.3
Section G: Noncovered	
What Is Not Covered?.....	G.1
Section H: Authorization	
What Is Authorization?	H.1
When Does the Agency Require Prior Authorization?.....	H.2
What Information Does the Agency Require for PA?	H.2
What is a Limitation Extension (LE)?	H.4
When Is Expedited Prior Authorization (EPA) Used?	H.5
EPA Criteria Coding List.....	H.7

Table of Contents (cont.)

Section I: Billing and Claim Forms

What Are the General Billing Requirements I.1
Billing for Clients Eligible for Both Medicare and Medicaid I.1
Third Party Liability I.2
Completing the 1500 Claim Form I.2

Section J: Reimbursement

General Reimbursement for MSE and Related Services J.1
Payment Methodology for Medical Supplies and Related Services J.2
Fee Schedule J.3

Important Contacts

Note: This section contains important contact information relevant to nondurable medical supplies and equipment. For more contact information, see the Agency *Resources Available* web page at:
http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency <i>Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Prior authorization, limitation extensions, or exception to rule	1-800-562-3022 (phone) 1-866-668-1214 (fax)
How can I request that equipment/supplies be added to the "covered" list in these billing instructions?	
Who do I contact about the actual reimbursement rate listed in the fee schedule?	Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in this Medicaid provider guide. Please refer to the Agency’s online Medical Assistance Glossary at http://hrsa.dshs.wa.gov/download/medical_assistance_glossary.htm for a more complete list of definitions.

Date of Delivery – The date the client actually took physical possession of an item or equipment. [WAC 182-543-1000]

Disposable Supplies – Supplies that may be used once, or more than once, but are time limited. [WAC 182-543-1000]

Digitized speech – (Also referred to as devices with “whole message” speech output) - Words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user.

Durable Medical Equipment (DME) – Equipment that:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in the client’s place of residence. [WAC 182-543-1000]

EPSDT - See WAC 182-500-0005.

Fee-for-Service (FFS) – The general payment method the Agency uses to reimburse for covered medical services provided to clients, except those services covered under the Agency’s prepaid managed care programs. [WAC 182-543-1000]

Healthcare Common Procedure Coding System (HCPCS) – A coding system established by the Health Care Financing Administration to define services and procedures. [WAC 182-543-1000]

Medical Supplies – Supplies that are:

- Primarily and customarily used to service a medical purpose; and
- Generally not useful to a person in the absence of illness or injury. [WAC 182-543-1000]

Other Durable Medical Equipment (other DME) – All durable medical equipment, excluding wheelchairs and wheelchair related items.

Personal or Comfort Item – An item or service that primarily serves the comfort or convenience of the client. [WAC 182-543-1000]

Plan of Care (POC) – (Also known as “plan of treatment” [POT]). A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider, that describes the home health care to be provided at the client’s residence. [WAC 182-551-2010]

Pricing Cluster - A group of manufacturers' list prices for brands/models of DME, medical supplies and nondurable medical equipment that the Agency considers when calculating the reimbursement rate for a procedure code that does not have a fee established by Medicare.

Resource Based Relative Value Scale (RBRVS) – A scale that measures the relative value of a medical service or intervention, based on amount of physician resources involved. [WAC 182-543-1000]

Reusable Supplies – Supplies that are to be used more than once. [WAC 182-543-1000]

Synthesized Speech – A technology that translates a user's input into device-generated speech using algorithms representing linguistic rules; synthesized speech is not the prerecorded messages of digitized speech. An SGD that has synthesized speech is not limited to pre-recorded messages but rather can independently create messages as communication needs dictate. [WAC 182-543-1000]

Warranty- Period – A guarantee or assurance, according to manufacturers' or provider's guidelines, of set duration from the date of purchase. [WAC 182-543-1000]

About the Program

General Information about Program [Refer to WAC 182-543-0500]

The federal government considers nondurable medical supplies and equipment (MSE), as optional services under the Medicaid program, except when prescribed as an integral part of an approved plan of treatment under the home health program or required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Note: The Agency may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

The Agency covers MSE listed within these billing instructions, according to Agency rules and subject to the limitations and requirements within this section.

The Agency pays for MSE when it is:

- Covered;
- Within the scope of the client's medical program (see WAC 182-501-0060 and WAC 182-501-0065);
- Medically necessary, as defined in WAC 182-500-0005;
- Prescribed by:
 - ✓ A physician,
 - ✓ An advanced registered nurse practitioner (ARNP); or
 - ✓ A physician assistant certified (PAC);
- Within the scope of his or her licensure, except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Agency is being billed for co-pay and/or deductible only.
- Authorized, as required in:
 - ✓ Chapter 182-501 WAC;
 - ✓ Chapter 182-502 WAC;
 - ✓ Chapter 182-543 WAC; and
 - ✓ Section "H" of these billing instructions.

Nondurable Medical Supplies and Equipment

- Provided and used within accepted medical or physical medicine community standards of practice;

The Agency requires prior authorization (PA) for covered MSE when the clinical criteria are not met including the criteria associated with the expedited prior authorization (EPA) process.

The Agency evaluates PA requests on a case-by-case basis to determine medical necessity, according to the process found in WAC 182-501-0165.

Note: Refer to Section “H” within these billing instructions for specific details regarding authorization for the MSE Program.

The Agency bases its determination about which MSE requires PA or EPA on utilization criteria. The Agency considers all of the following when establishing utilization criteria:

- High cost;
- The potential for utilization abuse;
- A narrow therapeutic indication; and
- Safety.

The Agency evaluates a request for any MSE item listed as noncovered under the provisions of WAC 182-501-0160. When Early and Periodic Screening, Diagnosis and Treatment (EPSDT) applies, the Agency evaluates a noncovered service, equipment, or supply according to the process in WAC 182-501-0165 to determine if it is:

- Medically necessary;
- Safe;
- Effective; and
- Not experimental (Refer to the Agency’s [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Medicaid Provider Guide](#) for more information).

The Agency evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 182-531-0050, under the provisions of WAC 182-501-0165 which relate to medical necessity.

The Agency evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 182-501-0165 (See Section E “Coverage/Limitations” within these billing instructions).

Client Eligibility

Who Is Eligible? [Refer to WAC 182-501-0060 and 0065]

Please see the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

Are Clients Enrolled in an Agency-Managed Care Plan Eligible? [Refer to WAC 182-538-060 and 095 or WAC 182-538-063 for Disability Lifeline (formerly GAU) clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in an Agency-managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

The Agency does not cover medical equipment and/or services provided to a client who is enrolled in an Agency-contracted managed care plan, but did not use one of the plan's participating providers. [WAC 182-543-1400 (9)]

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Primary Care Case Management (PCCM)

For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain or be referred for services via a PCCM provider. The PCCM provider is responsible for coordination of care just like the PCP would be in a plan setting.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the PCCM provider. Please see the *Agency ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider/Manufacturer Information

Eligible Providers and Provider Requirements

[Refer to WAC 182-543-2000]

The Agency pays qualified providers for nondurable medical supplies and equipment (MSE) on a fee-for-service basis as follows:

- MSE providers for MSE and related repair services;
- Medical equipment dealers, pharmacies, and home health agencies under their national provider identifier (NPI) for medical supplies;
- Physicians who provide medical equipment and supplies in the office. The Agency may pay separately for medical supplies, subject to the provisions in the Agency's resource-based relative value scale fee schedule; and
- Out-of-state orthotics and prosthetics providers who meet their state regulations.

Providers and suppliers of MSE must:

- Meet the general provider requirements in chapter 182-502 WAC;
- Have the proper business license;
- Be certified, licensed and/or bonded if required, to perform the services billed to the Agency;
- Provide instructions for use of equipment;
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties;
- Furnish, upon Agency request, documentation of proof of delivery (See "How Do I Provide Proof of Delivery?" within this section); and
- Bill the Agency using only the allowed procedure codes (See "Nondurable MSE Coverage Table") within these billing instructions.

Nondurable Medical Supplies and Equipment

- Have a valid prescription. To be valid, a prescription must:
 - ✓ Be written on the Agency's Prescription form, HCA 13-794. The Agency's electronic forms are available online at: <http://hrsa.dshs.wa.gov/mpforms.shtml>;
 - ✓ Be written by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PAC);
 - ✓ Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the supply, equipment, or device. Prescriptions must not be back-dated;
 - ✓ Be no older than one year from the date the prescriber signs the prescription; and
 - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

Note: For dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Agency is being billed for only the copay and/or deductible, the above does not apply.

How Can I Request that Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions?

[Refer to WAC 182-543-2100]

Any interested party, such as providers, suppliers, or manufacturers may request the Agency to include new equipment/supplies in the Agency's [Non-Durable Medical Supplies and Equipment Medicaid Provider Guide](#).

- The request should include credible evidence, including but not limited to:
 - ✓ Manufacturer's literature;
 - ✓ Manufacturer's pricing;
 - ✓ Clinical research/case studies (including FDA approval, if required);
 - ✓ Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable; and
 - ✓ Any additional information the requester feels would aid the Agency in its determination.

Send requests to:

DME Program Management Unit
PO Box 45506
Olympia WA 98504-5506

How Do I Provide Proof of Delivery? [Refer to WAC 182-543-2200]

When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the Agency requests that information. All of the following apply:

- The Agency requires a delivery slip as proof of delivery, and it must:
 - ✓ Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client);
 - ✓ Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name; and
 - ✓ For MSE that may require future repairs, include the serial number.
- When the provider or supplier submits a claim for payment to the Agency, the date of service on the claim must be one of the following:
 - ✓ For a one-time delivery, the date the item was received by the client or authorized representative; or
 - ✓ For nondurable medical supplies for which the Agency has established a monthly maximum, on or after the date the item was received by the client or authorized representative.

When a provider uses a delivery/shipping service to deliver items which are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when the Agency requests that information.

- If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery. The tracking slip must include:
 - ✓ The client's name or a reference to the client's package(s);
 - ✓ The delivery service package identification number; and
 - ✓ The delivery address.
- If the provider/supplier delivers the product, the proof of delivery is the delivery slip. The delivery slip must include:
 - ✓ The client's name;
 - ✓ The shipping service package identification number;
 - ✓ The quantity, detailed description(s), and brand name(s) of the items being shipped; and
 - ✓ For MSE that may require future repairs, include the serial number.

Nondurable Medical Supplies and Equipment

- When billing the Agency:
 - ✓ Use the shipping date as the date of service on the claim if the provider uses a delivery/shipping service;
 - ✓ Use the actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.

Note: A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

Providers must obtain Prior Authorization (PA) when required before delivering the item to the client. The item must be delivered to the client before the provider bills the Agency.

The Agency does not pay for MSE furnished to the Agency's clients when:

- The medical professional who provides medical justification to the Agency for the item provided to the client is an employee of, has a contract with, or has any financial relationship with the provider of the item; or
- The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of MSE.

Rental or Purchase [Refer to WAC 182-543-2300]

- The Agency bases its decision to rent or purchase nondurable medical equipment (MSE) on the length of time the client needs the equipment.
- A provider must not bill the Agency for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- The Agency purchases *new* MSE equipment only.
 - ✓ A new MSE item that is placed with a client initially as a rental item is considered a new item by the Agency at the time of purchase.
 - ✓ A used MSE item that is placed with a client initially as a rental item *must* be replaced by the supplier with a new item prior to purchase by the Agency.
- The Agency requires a dispensing provider to ensure the MSE rented to a client is both of the following:
 - ✓ In good working order; and
 - ✓ Comparable to equipment the provider rents to clients with similar medical equipment needs who are either private pay clients or who have other third-party coverage.
- The Agency's minimum rental period for covered MSE is one day.

Nondurable Medical Supplies and Equipment

- The Agency authorizes rental equipment for a specific period of time. The provider must request authorization from the Agency for any extension of the rental period.
- The Agency's reimbursement amount for rented MSE includes all of the following:
 - - ✓ Delivery to the client;
 - ✓ Fitting, set-up, and adjustments;
 - ✓ Maintenance, repair and/or replacement of the equipment; and
 - ✓ Return pickup by the provider.
- The Agency considers rented equipment to be purchased after twelve months' rental, unless the equipment is restricted as rental only.
- MSE purchased by the Agency for a client are the client's property.
- The Agency rents, but does not purchase, certain MSE for clients.
- The Agency stops paying for any rented equipment effective the date of a client's death. The Agency prorates monthly rentals as appropriate.
- For a client who is eligible for both Medicare and Medicaid, the Agency pays only the client's coinsurance and deductibles. The Agency discontinues paying client's coinsurance and deductibles for rental equipment when either of the following applies:
 - ✓ The reimbursement amount reaches Medicare's reimbursement cap for the equipment; or
 - ✓ Medicare considers the equipment purchased.
- The Agency does not obtain or pay for insurance coverage against liability, loss and/or damage to rental equipment that a provider supplies to a client.

Coverage/Limitations

What Is Covered? [Refer to WAC 182-543-5500]

The Agency covers, without prior authorization (PA) the following medical supplies and related services:

- Antiseptics and germicides;
 - ✓ Alcohol (isopropyl) or peroxide (hydrogen) - 1 pint per month;
 - ✓ Alcohol wipes (box of 200) - 1 box per month;
 - ✓ Betadine or phisohex solution - 1 pint per month;
 - ✓ Betadine or iodine swabs/wipes (box of 100) - 1 box per month;
- Bandages, dressings, and tapes;
- Batteries – replacement batteries:
 - ✓ The Agency pays for the purchase of replacement batteries for wheelchairs;
 - ✓ The Agency does not pay for wheelchair replacement batteries that are used for speech generating devices (SGDs) or ventilators. See the Agency’s [Wheelchairs, Durable Medical Equipment, and Supplies Medicaid Provider Guide](#) for speech generating devices and the Agency’s [Oxygen Program Medicaid Provider Guide](#) for ventilators.
- Blood monitoring/testing supplies:
 - ✓ Replacement battery of any type, used with a client-owned, medically necessary home or specialized blood glucose monitor - 1 in a 3-month period;
 - ✓ Spring-powered device for lancet - 1 in a 6-month period;
 - ✓ Diabetic test strips as follows:
 - For children, 20 years of age and younger, as follows:
 - Insulin dependent, 300 test strips and three hundred lancets per client, per month;

Nondurable Medical Supplies and Equipment

- For noninsulin dependent, 100 test strips and one hundred lancets per client, per month;
- For adults, 21 years of age and older:
 - Insulin dependent, 100 test strips and 100 lancets per client, per month;
 - For noninsulin dependent , 100 test strips and 100 lancets per client, every 3 months;
- For pregnant women with gestational diabetes, the Agency pays for the quantity necessary to support testing as directed by the client's physician, up to 60 days postpartum.
- ✓ See WAC 182-543-5500(13) for blood glucose monitors.
- Braces, belts, and supportive devices:
 - ✓ Knee brace (neoprene, nylon, elastic, or with a hinged bar) - 2 per 12-month period;
 - ✓ Ankle, elbow, or wrist brace - 2 per 12-month period;
 - ✓ Lumbosacral brace, rib belt, or hernia belt - 1 per 12-month period;
 - ✓ Cervical head harness/halter, cervical pillow, pelvic belt/harness/boot, or extremity belt/harness - 1 per 12-month period.
- Decubitus care products:
 - ✓ Cushion (gel, sacroiliac, or accuback) and cushion cover (any size) - 1 per 12-month period;
 - ✓ Synthetic or lamb's wool sheepskin pad - 1 per 12-month period;
 - ✓ Heel or elbow protectors - 4 per 12-month period.
- Ostomy supplies:
 - ✓ Adhesive for ostomy or catheter: cement; powder; liquid (e.g., spray or brush); or paste (any composition, e.g., silicone or latex) - 4 total ounces per month.
 - ✓ Adhesive or nonadhesive disc or foam pad for ostomy pouches - 10 per month.
 - ✓ Adhesive remover or solvent - 3 ounces per month.

Nondurable Medical Supplies and Equipment

- ✓ Adhesive remover wipes, 50 per box - 1 box per month.
- ✓ Closed pouch, with or without attached barrier, with a 1- or 2-piece flange, or for use on a faceplate - 60 per month.
- ✓ Closed ostomy pouch with attached standard wear barrier, with built-in 1-piece convexity - 10 per month.
- ✓ Continent plug for continent stoma - 30 per month.
- ✓ Continent device for continent stoma - 1 per month.
- ✓ Drainable ostomy pouch, with or without attached barrier, or with 1- or 2-piece flange - 20 per month.
- ✓ Drainable ostomy pouch with attached standard or extended wear barrier, with or without built-in 1-piece convexity - 20 per month.
- ✓ Drainable ostomy pouch for use on a plastic or rubber faceplate (only 1 type of faceplate allowed) - 10 per month.
- ✓ Drainable urinary pouch for use on a plastic, heavy plastic, or rubber faceplate (only 1 type of faceplate allowed) - 10 per month.
- ✓ Irrigation bag - 2 every 6 months.
- ✓ Irrigation cone and catheter, including brush - 2 every 6 months.
- ✓ Irrigation supply, sleeve - 1 per month.
- ✓ Ostomy belt (adjustable) for appliance - 2 every 6 months.
- ✓ Ostomy convex insert - 10 per month.
- ✓ Ostomy ring - 10 per month.
- ✓ Stoma cap - 30 per month.
- ✓ Ostomy faceplate - 10 per month. The Agency does not pay for either of the following when billed in combination with an ostomy faceplate:
 - Drainable pouches with plastic face plate attached; or
 - Drainable pouches with rubber face plate.
- Syringes and needles;

Nondurable Medical Supplies and Equipment

- Urological supplies - diapers and related supplies:
 - ✓ The standards and specifications in this section apply to all disposable incontinent products (e.g., briefs, diapers, pull-up pants, underpads for beds, liners, shields, guards, pads, and undergarments).
 - ✓ All of the following apply to all disposable incontinent products:
 - All materials used in the construction of the product must be safe for the client's skin and harmless if ingested;
 - Adhesives and glues used in the construction of the product must not be water-soluble and must form continuous seals at the edges of the absorbent core to minimize leakage;
 - The padding must provide uniform protection;
 - The product must be hypoallergenic;
 - The product must meet the flammability requirements of both federal law and industry standards; and
 - All products are covered for client personal use only.
 - ✓ In addition diapers must meet all the following specifications:
 - Be hourglass shaped with formed leg contours;
 - Have an absorbent filler core that is at least one-half inch from the elastic leg gathers;
 - Have leg gathers that consist of at least 3 strands of elasticized materials;
 - Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling materials;
 - Have a backsheet that is moisture impervious and is at least 1.00 mm thick, designed to protect clothing and linens;
 - Have a topsheet that resists moisture returning to the skin;
 - Have an inner lining that is made of soft, absorbent material; and
 - Have either a continuous waistband, or side panels with a tear-away feature, or refastenable tapes, as follows:

Nondurable Medical Supplies and Equipment

- For child diapers, at least 2 tapes, 1 on each side;
 - The tape adhesive must release from the backsheet without tearing, and permit a minimum of 3 fastening/unfastening cycles.
- ✓ In addition pull-up pants and briefs must meet the following specifications;
- Be made like regular underwear with an
 - Elastic waist; or
 - Have at least 4 tapes, two on each side or 2 large tapes, 1 on each side;
 - Have an absorbent core filler that is at least one-half inch from the elastic leg gathers;
 - Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling;
 - Have leg gathers that consist of at least 3 strands of elasticized materials;
 - Have a backsheet that is
 - Moisture impervious, is at least 1.00 mm thick; and
 - Designed to protect clothing and linens;
 - Have an inner lining made of soft, absorbent material; and
 - Have a top sheet that resists moisture returning to the skin.
- ✓ In addition underpads are covered only for incontinent purposes in a client's bed and must meet the following specifications:
- Have an absorbent layer that is at least one and one-half inches from the edge of the underpad;
 - Be manufactured with a waterproof backing material;
 - Be able to withstand temperatures not to exceed 140 degrees Fahrenheit;
 - Have a covering or facing sheet that is made of nonwoven, porous materials that have a high degree of permeability, allowing fluids to pass through and into the absorbent filler. The patient contact surface must be soft and durable;

Nondurable Medical Supplies and Equipment

- Have filler material that is highly absorbent. It must be heavy weight fluff filler or the equivalent; and
- Have 4-ply, nonwoven facing, sealed on all 4 sides.
- ✓ In addition liners, shields, guards, pads, and undergarments are covered for incontinence only and must meet the following specifications:
 - Have channels to direct fluid throughout the absorbent area, and leg gathers to assist in controlling leakage, and/or be contoured to permit a more comfortable fit;
 - Have a waterproof backing designed to protect clothing and linens;
 - Have an inner liner that resists moisture returning to the skin;
 - Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling materials;
 - Have pressure-sensitive tapes on the reverse side to fasten to underwear; and
 - For undergarments only, be contoured for good fit, have at least 3 elastic leg gathers, and may be belted or unbelted.
- ✓ The Agency pays for urological products when they are used alone. The following are examples of products which the Agency does not pay for when used in combination with each other:
 - Disposable diapers;
 - Disposable pull-up pants and briefs;
 - Disposable liners, shields, guards, pads, and undergarments;
 - Rented reusable diapers (e.g., from a diaper service); and
 - Rented reusable briefs (e.g., from a diaper service) or pull-up pants.
- ✓ The Agency approves a client's use of a combination of products only when the client uses different products for daytime and nighttime use.

Nondurable Medical Supplies and Equipment

Example: Pull-up pants for daytime use and disposable diapers for nighttime use. The total quantity of all products in this section used in combination cannot exceed the monthly limitation for the product with the highest limit.

- ✓ Purchased disposable diapers (any size) are limited to 200 per month for clients 3 years of age and older.
 - Reusable cloth diapers (any size) are limited to:
 - Purchased - 36 per year;
 - Rented - 200 per month.
- ✓ Disposable briefs and pull-up pants (any size) are limited to:
 - 200 per month for a child age 3 to 18 years of age; and
 - 150 per month for an adult 19 years of age and older.
- ✓ Reusable briefs, washable protective underwear, or pull-up pants (any size) are limited to:
 - Purchased – 4 per year.
 - Rented - one hundred 50 per month.
- ✓ Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.
- ✓ Underpads for beds are limited to:
 - Disposable (any size) 180 per month.
 - Purchased, reusable (large) - 42 per year.
 - Rented, reusable (large) - 90 per month.
- ✓ Urological supplies - urinary retention:
 - Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube - 2 per month. The Agency does not pay for these when billed in combination with any of the following:
 - With extension drainage tubing for use with urinary leg bag or urostomy pouch (any type, any length), with connector/adapter; and/or
 - With an insertion tray with drainage bag, and with or without catheter.
 - Bedside drainage bottle, with or without tubing - 2 per 6 month period.

Nondurable Medical Supplies and Equipment

- Extension drainage tubing (any type, any length), with connector/adapter, for use with urinary leg bag or urostomy pouch. The Agency does not pay for these when billed in combination with a vinyl urinary leg bag, with or without tube.
- External urethral clamp or compression device (not be used for catheter clamp) - 2 per 12-month period.
- Indwelling catheters (any type) - 3 per month.
- Insertion trays:
 - Without drainage bag and catheter - 120 per month. The Agency does not pay for these when billed in combination with other insertion trays that include drainage bag, catheters, and/or individual lubricant packets.
 - With indwelling catheters - 3 per month. The Agency does not pay for these when billed in combination with other insertion trays without drainage bag and/or indwelling catheter; individual indwelling catheters; and/or individual lubricant packets.
- Intermittent urinary catheter - 120 per month. The Agency does not pay for these when billed in combination with an insertion tray with or without drainage bag and catheter; or other individual intermittent urinary catheters.
- Irrigation syringe (bulb or piston) - The Agency does not pay for these when billed in combination with irrigation tray or tubing.
- Irrigation tray with syringe (bulb or piston) – 30 per month. The Agency does not pay for these when billed in combination with irrigation syringe (bulb or piston), or irrigation tubing set.
- Irrigation tubing set - 30 per month. The Agency does not pay for these when billed in combination with an irrigation tray or irrigation syringe (bulb or piston).
- Leg straps (latex foam and fabric), replacement only.
- Male external catheter, specialty type, or with adhesive coating or adhesive strip - 60 per month.

Nondurable Medical Supplies and Equipment

- Urinary suspensory with leg bag, with or without tube - 2 per month. The Agency does not pay for these when billed in combination with:
 - Latex urinary;
 - Leg bag;
 - Urinary suspensory;
 - Without leg bag;
 - Extension drainage tubing; or
 - Leg strap.
- Urinary suspensory without leg bag, with or without tube - 2 per month.
- Urinary leg bag, vinyl, with or without tube - 2 per month. The Agency does not pay for these when billed in combination with drainage bag and without catheter.
- Urinary leg bag, latex - 1 per month. The Agency does not pay for these when billed in combination with or without catheter.
- Miscellaneous supplies:
 - ✓ Bilirubin light therapy supplies when provided with a bilirubin light which the Agency prior authorized - 5 day supply.
 - ✓ Continuous passive motion (CPM) softgoods kit - 1 with rental of CPM machine.
 - ✓ Eye patch with elastic, tied band, or adhesive, to be attached to an eyeglass lens - 1 box of 20.
 - ✓ Eye patch (adhesive wound cover) - 1 box of 20.
 - ✓ Nontoxic gel (e.g., LiceOff™) for use with lice combs - 1 bottle per 12 month period.
 - ✓ Nonsterile gloves – 200, per client, per month.
 - For clients residing in an assisted living facility, the Agency pays, with PA, for *additional* nonsterile gloves up to the quantity necessary as directed by the client's physician, not to exceed a total of 400 per client, per month.
 - Prior authorization (PA) requests must include a completed:
 - General Information for Authorization form, HCA 13-835; and
 - Limitation Extension Request Incontinent Supplies and Gloves form, HCA 13-870

Nondurable Medical Supplies and Equipment

- ✓ Sterile gloves – 30 pair, per client, per month.
- Miscellaneous MSE:
 - ✓ Bilirubin light or light pad - 5 day rental per 12-month period for at-home newborns with jaundice.

Note: The Agency's electronic forms are available online at <http://hrsa.dshs.wa.gov/mpforms.shtml>

Nondurable MSE Coverage Table

Syringes and Needles

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4206		Syringe with needle, sterile 1cc, each.	No	Included in nursing facility daily rate.
	A4207		Syringe with needle, sterile 2cc, each.	No	Included in nursing facility daily rate.
	A4208		Syringe with needle, sterile 3cc, each.	No	Included in nursing facility daily rate.
	A4209		Syringe with needle, sterile 5cc or greater, each.	No	Included in nursing facility daily rate.
	A4210		Needle free injection device, each.	No	Included in nursing facility daily rate.
#	A4211		Supplies for self-administered injections.		
	A4213		Syringe, sterile, 20 cc or greater	No	
	A4215		Needle, sterile, any size, each.	No	Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4322		Irrigation syringe, bulb or piston, each.	No	Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.

Blood Monitoring/Testing Supplies

	A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4235		Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
#	A4252		Blood ketone test or reagent strip, each.		
	A4253	KX or KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	No	<p>Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.)</p> <p>Limits:</p> <p>100/month for insulin dependent;</p> <p>100/3 months non-insulin dependent.</p>
#	A4255		Platforms for home blood glucose monitor, 50 per box.		
	A4256		Normal, low and high calibrator solution/chips.	No	Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4258		Spring-powered device for lancet, each.	No	One (1) allowed per client every 6 months. Included in nursing facility daily rate.
	A4259	KX or KS	Lancets, per box of 100.	No	Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.) Limits: 100/month for insulin dependent; 100/3 months non-insulin dependent.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
------------------------------	-------------------	-----------------	--------------------	------------	-------------------------

Antiseptics and Germicides

	A4244		Alcohol or peroxide, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.
	A4245		Alcohol wipes, per box (of 200).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
	A4246		Betadine or pHisoHex solution, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.
	A4247		Betadine or iodine swabs/wipes, per box (of 100).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
#	A4248		Chlorhexidine containing antiseptic 1 ml.		

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------	------------	----------	-------------	-----	------------------

Bandages, Dressings, and Tapes

(Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

	A4649		Surgical supply; miscellaneous.	Yes	
	A6010		Collagen based wound filler, dry form, sterile, per gram of collagen.	Yes	
	A6011		Collagen based wound filler, gel/paste, sterile, per gram of collagen.	Yes	
	A6021		Collagen dressing, sterile, pad size 16 sq. in. or less, each.	No	
	A6022		Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	No	
	A6023		Collagen dressing, sterile, pads size more than 48 sq. in.	Yes	
	A6024		Collagen dressing wound filler, sterile, per 6 inches.	No	
	A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6154		Wound pouch, each.	No	
	A6196		Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing.	No	
	A6197		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6198		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in, each dressing.	No	
	A6199		Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches.	No	
	A6203		Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6204		Composite dressing, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6205		Composite dressing, sterile, pad size more than 48 sq. in. with any size adhesive border, each dressing.	No	
	A6206		Contact layer, sterile, 16 sq. in. or less, each dressing.	No	
	A6207		Contact layer, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6208		Contact layer, sterile, more than 48 sq. in., each dressing.	No	
	A6209		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6210		Foam dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6211		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6212		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6213		Foam dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6214		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6215		Foam dressing, wound filler, sterile, per gram.	No	
	A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	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.	No	
	A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6219		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6220		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6221		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6222		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6223		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6224		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
#	A6228		Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.		
	A6229		Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6230		Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6231		Gauze, impregnated, hydrogel, for direct wound contact sterile, pad size 16 sq. in. or less, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6232		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6233		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing.	No	
	A6234		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6235		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6236		Hydrocolloid dressing, wound cover sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6237		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6238		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
#	A6239		Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.		
	A6240		Hydrocolloid dressing, wound filler, paste, sterile, per fluid oz.	No	
	A6241		Hydrocolloid dressing, wound filler, dry form, sterile, per gram.	No	
	A6242		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6243		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6244		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6245		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6246		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6247		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6248		Hydrogel dressing, wound filler, sterile, gel, per fluid oz.	No	
#	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size.		

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6251		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6252		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6253		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6254		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6255		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6256		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6257		Transparent film, sterile, 16 sq. in. or less, each dressing.	No	
	A6258		Transparent film, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6259		Transparent film, sterile, more than 48 sq. in., each dressing.	No	
	A6260		Wound cleaners, sterile, any type, any size (per ounce).	No	
	A6261		Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified.	Yes	
	A6262		Wound filler, dry form, sterile, per gram, not elsewhere classified.	Yes	
	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	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.	No	
	A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6407		Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard.	No	
#	A6413		Adhesive bandage, first-aid type, any size, each.		
	A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	No	
	A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	No	
	A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	No	
	A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	No	
	A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	No	
	A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	No	
	A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6453		Self-adherent bandage, elastic, non-knitted/non-woven,width less than three inches, per yard.	No	
	A6454		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.	No	
	A6455		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			inches, per yard.		
	A6456		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6457		Tubular dressing with or without elastic, any width, per linear yard.	No	
	A6501		Compression burn garment, bodysuit (head to foot), custom fabricated.	Yes	
	A6502		Compression burn garment, chin strap, custom fabricated.	Yes	
	A6503		Compression burn garment, facial hood, custom fabricated.	Yes	
	A6504		Compression burn garment, glove to wrist, custom fabricated.	Yes	
	A6505		Compression burn garment, glove to elbow, custom fabricated.	Yes	
	A6506		Compression burn garment, glove to axilla, custom fabricated.	Yes	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6507		Compression burn garment, foot to knee length, custom fabricated.	Yes	
	A6508		Compression burn garment, foot to thigh length, custom fabricated.	Yes	
	A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated.	Yes	
	A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated.	Yes	
	A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated.	Yes	
	A6512		Compression burn garment, not otherwise classified.	Yes	
	A6513		Compression burn mask, face and/or neck, plastic or equal, custom fabricated.	Yes	
	S8431		Compression bandage, roll.	No	
	T5999		Supply, not otherwise specified (Dressing other.)	Yes	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
------------------------------	-------------------	-----------------	--------------------	------------	-------------------------

Tapes

(Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

	A4450		Tape, non-waterproof, per 18 square inches.	No	
	A4452		Tape, waterproof, per 18 square inches.	No	
	A4461		Surgical dressing holder, non-reusable, each.	No	
	A4463		Surgical dressing holder, reusable, each.	No	
	A4465		Nonelastic binder for extremity.	No	
	A4466		Garment, belt, sleeve or other covering, elastic or similar stretchable	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------------	---------------	----------	-------------	-----	---------------------

Ostomy Supplies

(Note: Items in This Category are not Taxable)

	A4361		Ostomy faceplate, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.
	A4362		Skin barrier, solid, four by four or equivalent, each.	No	For ostomy only.
	A4363		Ostomy clamp, any type, replacement only, each.		
	A4364		Adhesive; liquid, or equal, any type, per oz.	No	Maximum of 4 allowed per client per month. For ostomy or catheter.
	A4366		Ostomy vent, any type, each.	No	
	A4367		Ostomy belt, each.	No	Maximum of two (2) allowed per client every six months.
	A4368		Ostomy filter, any type, each.	No	Not allowed in combination with code A4418, A4419, A4423, A4424, A4425 or A4427.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	No	
	A4371		Ostomy skin barrier, powder, per oz.	No	
	A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each.	No	
	A4373		Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	No	
	A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4377, or A4378.
	A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4377, or A4378.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4375, A4376, or A4378.
	A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4375, A4376, or A4377.
	A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381, A4382, or A4383.
	A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381, A4382, or A4383.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4382, or A4383.
	A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, or A4383.
	A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, or A4382.
	A4384		Ostomy faceplate equivalent, silicone ring, each.	No	
	A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 30 allowed per client per month.
	A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	No	
#	A4396		Ostomy belt with peristomal hernia support.		
	A4397		Irrigation supply; sleeve, each.	No	Maximum of one (1) allowed per client per month.
	A4398		Ostomy irrigation supply; bag, each.	No	Maximum of two (2) allowed per client every 6 months.
	A4399		Ostomy irrigation supply; cone/catheter, including brush.	No	Maximum of two (2) allowed per client every 6 months.
	A4400		Ostomy irrigation set.	No	Maximum of two (2) allowed per client every 6 months.
	A4404		Ostomy ring, each.	No	Maximum of 10 allowed per client per month.
	A4405		Ostomy skin barrier, non-pectin based, paste, per ounce.	No	
	A4406		Ostomy skin barrier, pectin based, paste, per ounce.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	No	
	A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	No	
	A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	No	
	A4410		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4411		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	No	
	A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client every 30 days.
	A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each.	No	
	A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each.		
	A4421		Ostomy supply; miscellaneous.	Yes	
	A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	No	
	A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4424		Ostomy pouch, drainable, with barrier attached, with filter (one piece), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4425		Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4426		Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4432		Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4433		Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4455		Adhesive remover or solvent (for tape, cement, or other adhesive), per oz.	No	Maximum of 3 allowed per client per month.
	A5051		Ostomy pouch, closed; with barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5052		Ostomy pouch, closed; without barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5053		Ostomy pouch, closed; for use on faceplate each.	No	Maximum of 60 allowed per client per month.
	A5054		Ostomy pouch, closed; for use on barrier with flange (two piece) each.	No	Maximum of 60 allowed per client per month.
	A5055		Stoma cap.	No	Maximum of 30 allowed per client per month.
	A5061		Ostomy pouch, drainable; with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5062		Ostomy pouch, drainable; without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each.	No	Maximum of 20 allowed per client per month.
	A5071		Ostomy pouch, urinary, with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5072		Ostomy pouch, urinary, without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each.	No	Maximum of 20 allowed per client per month.
	A5081		Continent device; plug for continent stoma.	No	Maximum of 30 allowed per client per month.
	A5082		Continent device; catheter for continent stoma.	No	Maximum of one (1) allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A5083		Continent device, stoma absorptive cover for continent stoma. See code A6219.		
	A5093		Ostomy accessory, convex insert.	No	Maximum of 10 allowed per client per month.
	A5120		Skin barrier, wipes or swabs, each.	No	Ostomy only.
	A5121		Skin barrier, solid, 6 x 6 or equivalent, each.	No	For ostomy only.
	A5122		Skin barrier, solid, 8 x 8 or equivalent, each.	No	For ostomy only.
	A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	No	
#	A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------	------------	----------	-------------	-----	------------------

Urological Supplies

	A4310		Insertion tray without drainage bag and without catheter (accessories only).	Yes	Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, A4353, or A4354.
	A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4314, or A4338.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4312		Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4315, or A4344.
	A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4316, or A4346.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4314		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.
	A4315		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.
	A4320		Irrigation tray with bulb or piston syringe, any purpose.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.
#	A4321		Therapeutic agent for urinary catheter irrigation.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4326		Male external catheter specialty type with integral collection chamber, each.	No	Maximum of 60 allowed per client per month. Included in nursing facility daily rate.
	A4327		Female external urinary collection device; metal cup, each.	No	Included in nursing facility daily rate.
	A4328		Female external urinary collection device; pouch, each.	No	Included in nursing facility daily rate.
	A4330		Perianal fecal collection pouch with adhesive, each.	No	Included in nursing facility daily rate.
	A4331		Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each.	No	Included in nursing facility daily rate.
	A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each.	No	Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4333		Urinary catheter anchoring device, adhesive skin attachment, each.	No	Included in nursing facility daily rate.
	A4334		Urinary catheter anchoring device, leg strap, each.	No	Included in nursing facility daily rate.
	A4335		Incontinence supply; miscellaneous. [Diaper Doublers. Each].	Yes. See EPA criteria in Section E.	Included in nursing facility daily rate. (age 3 and up)
	A4336		Incontinence supply; urethral insert, any type, each	Yes	
	A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. No allowed in combination with code A4311 or A4314.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate.
	A4344		Indwelling catheter, Foley type, two-way, all silicone, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4312 or A4315.
	A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4313 or A4316.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4349		Male external catheter, with or without adhesive, disposable, each.	No	Maximum allowable of 60 per client, per month. Included in nursing facility daily rate.
	A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with code A4352 or A4353.
	A4352		Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with code A4351 or A4353.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4353		Intermittent urinary catheter, with insertion supplies.	Yes	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351, A4352, or A4354.
	A4354		Insertion tray with drainage bag but without catheter.	Yes	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4314, A4315, A4316, A4353, A4357-A4358, and A5112.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.
	A4356		External urethral clamp or compression device (not to be used for catheter clamp), each.	No	Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.
	A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314-A4316 or A4354.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113, A5114, A4354, or A5105.
	A4360		Disposable external urethral clamp or compression device		Maximum of two (2) allowed per client per year
	A4402		Lubricant, per oz.	No	Included in nursing facility daily rate. (For insertion of urinary catheters.)
	A4456		Adhesive remover, wipes, any type, each		Maximum of 50 units allowed per client per month
	A4520		Incontinence garment, any type, (e.g. brief, diaper), each.	Yes	Included in nursing facility daily rate.
	A5056		1 piece ostomy pouch with filter		Effective Jan. 1, 2012

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5057		1 piece ostomy pouch with built-in Convex		Effective Jan. 1, 2012
	A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each.	No	Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.
	A5105		Urinary suspensory; with leg bag, with or without tube.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A5112, A5113 or A5114.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5112		Urinary leg bag; latex.	No	Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4354, A5105, A5113 or A5114.
	A5113	RA	Leg strap; latex, replacement only, per set.	No	Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112.
	A5114	RA	Leg strap; foam or fabric, replacement only, per set.	No	Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4521		Adult sized disposable incontinence product, brief/diaper, small, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 20 and up. Maximum of 200 diapers purchased per client per month. Included in nursing facility daily rate.* (recommend for waist sizes 24"– 32")
	T4522		Adult sized disposable incontinence product, brief/diaper, medium, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 20 and up. Maximum of 200 diapers purchased per client, per month. Included in nursing facility daily rate. * (recommend for waist sizes 32" – 44")

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4523		Adult sized disposable incontinence product, brief/diaper, large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 20 and up. Maximum of 200 diapers purchased per client, per month. Included in nursing facility daily rate. * (recommend for waist sizes 45" – 58")
	T4524		Adult sized disposable incontinence product, brief/diaper, extra large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 20 and up. Maximum of 200 diapers purchased per client, per month. Included in nursing facility daily rate. * (recommend for waist sizes 56" – 64")

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4525		Adult sized disposable incontinence product, protective underwear/pull-on, small size, each.	No	Age 6 and up. Max of 150 pieces allowed per adult, per month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommend for waist sizes 24" – 32")
	T4526		Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each.	No	Age 6 and up. Max of 150 pieces allowed per adult, per month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommend for waist sizes 32" – 44")

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	Age 6 and up. Max of 150 pieces allowed per adult, per month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommended for waist sizes 45" – 58")
	T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each.	No	Age 6 and up. Max 150 pieces allowed per adult per month per month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 used to designate daytime only usage. (recommended for waist sizes 56" – 64")

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4529		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-20 years of age. Max of 200 diapers purchased per client per month. Included in nursing facility daily rate. * (recommended for waist sizes 13" – 19")
	T4530		Pediatric sized disposable incontinence product, brief/diaper, large size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-20 years of age. Max of 200 diapers purchased per client per month. Included in nursing facility daily rate. *

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4531		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-20 years of age. Maximum of 200 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4532		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	3-20 years of age. Maximum of 200 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4533		Youth sized disposable incontinence product, brief/diaper, each.	No	6-20 years of age. Maximum of 200 diapers purchased per client per month. Included in nursing facility daily rate. *(recommend for waist sizes 18" – 26")
	T4534		Youth sized disposable incontinence product, protective underwear/pull-on, each.	Medical exceptions to maximum quantity or age limitation require PA.	6-20 years of age. Maximum of 200 allowed per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommended for waist sizes 17" – 26")

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4535		Disposable liner/shield/guard/pad/under garment, for incontinence, each.	No	Age 3 and up. Maximum of 200 pieces allowed per client, per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4536	NU	Incontinence product, protective underwear/pull-on, reusable, any size, each.	No	Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate.
	T4536	RR	Incontinence product, protective underwear/pull-on, reusable, any size, each.	No	Maximum of 150 pieces allowed per client, per month (age 3 and up). Included in nursing facility daily rate. *

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4537	NU	Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR).
	T4537	RR	Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU).
	T4538	RR	Diaper service, reusable diaper, each diaper.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 200 diapers allowed per client per month. Included in nursing facility daily rate. *

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4539	NU	Incontinence product, diaper/brief, reusable, any size, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate.
#	T4540		Incontinence product, protective underpad, reusable, chair size, each.		
	T4541		Incontinence product, disposable underpad, large, each.		For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	T4542		Incontinence product, disposable underpad, small size, each.		
	T4543		Disposable incontinence product, brief/diaper, bariatric, each	Yes	Included in nursing facility daily rate. * (recommended for waist sizes 65" – 84")

Braces, Belts, and Supportive Devices

#	A4490		Surgical stocking above knee length, each.		
#	A4495		Surgical stocking thigh length, each.		
#	A4500		Surgical stocking below knee length, each.		
#	A4510		Surgical stocking full length, each. (Pantyhose style).		
	A4565		Slings.		Included in nursing facility daily rate. Maximum of two (2) allowed per client per year.
	A4570		Splint.		Included in nursing facility daily

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate. Maximum of one (1) allowed per client per year.
#	A4600		Sleeve for intermittent limb compression device, replacement only, Each.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

RR – Rental
N=New
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A6530		Gradient compression stocking, below knee, 18-30 MMHG, Each.		
#	A6531		Gradient compression stocking, below knee, 30-40 MMHG, Each.		
#	A6532		Gradient compression stocking, below knee, 40-50 MMHG, Each.		
#	A6533		Gradient compression stocking, thigh length, 18-30 MMHG, each.		
#	A6534		Gradient compression stocking, thigh length, 30-40 MMHG, each.		
#	A6535		Gradient compression stocking, thigh length, 40-50 MMHG, each.		
#	A6536		Gradient compression stocking, full length/chap style, 18-30 MMHG, each.		
#	A6537		Gradient compression stocking, full length/chap style, 30-40 MMHG, each.		
#	A6538		Gradient compression stocking, full length/chap style, 40-50 MMHG, each.		
#	A6539		Gradient compression stocking, waist length (pantyhose style), 18-30 MMHG, Each.		
#	A6540		Gradient compression		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			stocking, waist length, 30-40 MMHG, each. (pantyhose style)		
#	A6541		Gradient compression stocking, waist length, 40-50 MMHG, each. (pantyhose style)		
#	A6544		Gradient compression stocking, garter belt.		
#	A6545		Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, each		
#	A6549		Gradient compression stocking, not otherwise specified.		
#	A9283		Foot pressure off loading/supportive device, any type, each.		
	E0942		Cervical head harness/halter.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0944		Pelvic belt/harness/boot.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0945		Extremity belt/harness.	No	Maximum of one (1) allowed per

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					client per year. Included in nursing facility daily rate.

Decubitus Care Products

	E0188		Synthetic sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0189		Lambswool sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0191		Heel or elbow protector, each.	No	Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
-----------------------	------------	----------	-------------	-----	------------------

Miscellaneous Supplies

#	A4250		Urine test or reagent strips or tablets (100 tablets or strips).		
#	A4265		Paraffin, per pound.		
#	A4281		Tubing for breast pump, replacement.		
#	A4282		Adapter for breast pump, replacement.		
#	A4283		Cap for breast pump bottle, replacement.		
#	A4284		Breast shield and splash protector for use with breast pump, replacement.		
#	A4285		Polycarbonate bottle for use with breast pump, replacement.		
#	A4286		Locking ring for breast pump, replacement.		
#	A4290		Sacral nerve stimulation test lead, each.		
#	A4458		Enema bag with tubing, reusable.		
#	A4559		Coupling gel/paste, for use with ultrasound device, per ounce.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4561		Pessary, rubber, any type.		
#	A4562		Pessary, non rubber, any type.		
#	A4633		Replacement bulb/lamp for ultraviolet light therapy system, each.		
#	A4634		Replacement bulb for therapeutic light box, tabletop model.		
#	A4639		Replacement pad for infrared heating pad system, each.		
	A4927		Gloves, non sterile, per box of 100.	Quantities exceeding 2 units per month require PA.	1 unit = box of 100. Included in nursing facility daily rate and in Home Health Care rate.
#	A4928		Surgical mask, per 20.		
	A4930		Gloves, sterile, per pair.	Limit 30 per month	Included in nursing facility daily rate and in Home Health Care rate.
#	A4931		Oral thermometer, reusable, any type, each.		
#	A4932		Rectal thermometer, reusable, any type, each.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A6000		Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.		
	A6410		Eye pad, sterile, each.		Maximum of 20 allowed per client per month. Included in nursing facility daily rate.
	A6411		Eye pad, non-sterile, each.		Maximum of 1 allowed per client per month. Included in nursing facility daily rate.
#	A6412		Eye patch, occlusive, each.		
#	A9180		Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.		
	T5999		Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.)	Yes	
	S8265		Haberman feeder for cleft lip/palate.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Clients Residing in a Skilled Nursing Facility

[WAC 182-543-5700]

What Does the Per Diem Rate Include For a Skilled Nursing Facility?

The Agency's skilled nursing facility per diem rate, established in chapter 74.46 RCW, chapter 388-96 WAC, and chapter 388-97 WAC, includes any reusable and disposable medical supplies that may be required for a skilled nursing facility client, unless otherwise specified within these billing instructions.

The Agency pays for the following covered nondurable medical supplies and equipment (MSE) outside of the skilled nursing facility per diem rate, subject to the limitations in this section:

Manual and Power-Drive Wheelchairs [Refer to 182-543-5700(2)]

The Agency pays for one manual or one power-drive wheelchair for clients who reside in a skilled nursing facility, with prior authorization (PA), according to the requirements in WAC 182-543-4100, WAC 182-543-4200, and WAC 182-543-4300.

Requests for PA must:

- Be for the exclusive full-time use of a skilled nursing facility resident;
- Not be included in the skilled nursing facility's per diem rate;
- Include a completed General Information for Authorization form, 13-835;
- Include a copy of the telephone order, signed by the physician, for the wheelchair assessment; and
- Include a completed Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, 13-729.

Nondurable Medical Supplies and Equipment

The Agency pays for wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line item charges, with prior authorization (PA). To receive payment, providers must submit the following to the Agency:

- A completed Prescription form, 13-794;
- A completed Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, 13-729. The date on form 13-729 must not be prior to the date on the Prescription form, 13-794. (See Section J “Reimbursement” for more information);
- The make, model, and serial number of the wheelchair to be modified;
- The modification requested; and
- Specific information regarding the client’s medical condition that necessitates modification to the wheelchair.

The Agency pays for wheelchair repairs, with PA. To receive payment, providers must submit the following to the Agency:

- A completed Medical Necessity for Wheelchair Purchase For Nursing Facility (NF) Clients form, 13-729.
- The make, model, and serial number of the wheelchair to be repaired; and
- The repair requested.

PA is required for the repair and modification of client-owned equipment.

The skilled nursing facility must provide a house wheelchair as part of the per diem rate, when the client resides in a skilled nursing facility.

When the client is eligible for both Medicare and Medicaid and is residing in a skilled nursing facility in lieu of hospitalization, the Agency does not reimburse for MSE and labor charges under fee-for-service (FFS).

Speech Generating Devices (SGD) [Refer to 182-543-5700(2)]

The Agency pays for the purchase and repair of a speech generating device (SGD), with PA. The Agency pays for replacement batteries for SGDs in accordance with WAC 182-543-5500(3).

Specialty Beds [Refer to 182-543-5700(2)]

The Agency pays for the purchase or rental of a specialty bed (a heavy duty bariatric bed is not a specialty bed), with prior authorization (PA), when:

- The specialty bed is intended to help the client heal; and
- The client's nutrition and laboratory values are within normal limits.

The Agency considers decubitus care products to be included in the skilled nursing facility per diem rate and does not reimburse for these separately. (See Section J “Reimbursement” for more information.)

What Does the Agency Pay for Outside the Per Diem Rate? [Refer to 182-543-5700(13)]

The Agency pays for the following medical supplies for a client in a skilled nursing facility outside the skilled nursing facility per diem rate:

- Medical supplies or services that replace all or parts of the function of a permanently impaired or malfunctioning internal body organ. This includes, but is not limited to the following:
 - ✓ Colostomy and other ostomy bags and necessary supplies; and (see WAC 182-97-1060(3), nursing homes/quality of care)
 - ✓ Urinary retention catheters, tubes, and bags, excluding irrigation supplies.
- Supplies for intermittent catheterization programs, for the following purposes:
 - ✓ Long term treatment of atonic bladder with a large capacity; and
 - ✓ Short term management for temporary bladder atony.
- Surgical dressings required as a result of a surgical procedure, for up to six weeks post-surgery.

Noncovered

What Is Not Covered? [Refer to WAC 182-543-6000]

The Agency pays only for MSE and related supplies listed as covered within these billing instructions. The Agency evaluates a request for any MSE noncovered in this chapter under the provisions of WAC 182-501-0160, in addition to the noncovered services found in WAC 182-501-0070.

The Agency does not cover:

- A client's utility bills, even if the operation or maintenance of medical equipment purchased or rented by the Agency for the client contributes to an increased utility bill;
- Instructional materials such as pamphlets and video tapes;
- Hairpieces or wigs;
- Material or services covered under manufacturer's warranties;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;
- Non-medical equipment, supplies, and related services, including but not limited to, the following:
 - ✓ Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
 - ✓ Diathermy machines used to produce heat by high frequency current, ultrasonic waves, or microwave radiation;
 - ✓ Electronic communication equipment, installation services, or service rates including, but not limited to, the following:
 - Devices intended for amplifying voices (e.g., microphones);
 - Interactive communications computer programs used between patients and healthcare providers (e.g., hospitals, physicians), for self care home monitoring, or emergency response systems and services (refer to ADSA COPES or outpatient hospital programs for emergency response systems and services);
 - Two-way radios;

Nondurable Medical Supplies and Equipment

- Rental of related equipment or services; and
- Devices requested for the purpose of education.
- ✓ Environmental control devices, such as air conditioners, air cleaners/purifiers, dehumidifiers, portable room heaters or fans (including ceiling fans), heating or cooling pads, and light boxes;
- ✓ Ergonomic equipment;
- ✓ Exercise classes or equipment such as bicycles, exercise mats, exercise balls , tricycles, stair steppers, weights, or trampolines;
- ✓ Generators;
- ✓ Computer software other than speech generating, printers, and computer accessories (such as anti-glare shields, backup memory cards, etc.);
- ✓ Computer utility bills, telephone bills, Internet service, or technical support for computers or electronic notebooks;
- ✓ Any communication device that is useful to someone without severe speech impairment (e.g., cellular telephone, electronic notebook, two way radio, pager ,walkie-talkie, pager, or electronic notebook);
- ✓ Racing stroller/wheelchairs and purely recreational equipment;
- ✓ Room fresheners/deodorizers;
- ✓ Bidet or hygiene systems, paraffin bath units, and shampoo rings;
- ✓ Timers or electronic devices to turn things on or off, which are not an integral part of the equipment;
- ✓ Vacuum cleaners, carpet cleaners/deodorizers, and/or pesticides/insecticides; or
- ✓ Wheeled reclining chairs, lounge and/or lift chairs (e.g., geri-chair, posture guard, or lazy boy).
- Blood Pressure Monitoring:
 - ✓ Sphygmomanometer/blood pressure apparatus with cuff and stethoscope;
 - ✓ Blood pressure cuff only; and
 - ✓ Automatic blood pressure monitor.
- Transcutaneous electrical nerve stimulation (TENS) devices and supplies, including battery chargers;

Nondurable Medical Supplies and Equipment

- Functional electrical stimulation (FES) bike;
- Life Vest;
- Disinfectant spray;
- Periwash;
- Bathroom equipment used inside or outside of the physical space of a bathroom:
 - ✓ Bath stools;
 - ✓ Bathtub wall rail (grab bars);
 - ✓ Bed pans;
 - ✓ Bedside commode chairs;
 - ✓ Control unit for electronic bowel irrigation/evacuation system;
 - ✓ Disposable pack for use with electronic bowel system;
 - ✓ Raised toilet seat;
 - ✓ Safety equipment (including but not limited to belt, harness or vest);
 - ✓ Shower chairs;
 - ✓ Shower/commode chairs;
 - ✓ Sitz type bath or equipment;
 - ✓ Standard and heavy duty bath chairs;
 - ✓ Toilet rail;
 - ✓ Transfer bench for tub or toilet;
 - ✓ Urinal male/female.
- Personal and comfort items that do not meet the DME definition, including, but not limited to, the following:
 - ✓ Antiperspirant;
 - ✓ Astringent;
 - ✓ Bath gel;
 - ✓ Conditioner;
 - ✓ Deodorant;
 - ✓ Moisturizers;
 - ✓ Mouthwash;
 - ✓ Powder;
 - ✓ Shampoo;
 - ✓ Shaving cream;
 - ✓ Shower cap;
 - ✓ Shower curtains;
 - ✓ Soap (including antibacterial soap);
 - ✓ Toothpaste;
 - ✓ Towels, and
 - ✓ Weight scales.

Nondurable Medical Supplies and Equipment

- Bedding items:
 - ✓ Blankets;
 - ✓ Bumper pads;
 - ✓ Mattress covers/bags;
 - ✓ Mattress pads;
 - ✓ Pillow cases/covers;
 - ✓ Pillows; and
 - ✓ Sheets.

- Bedside items as follows:
 - ✓ Bed trays;
 - ✓ Carafes; and
 - ✓ Over-the-bed tables.

- Clothing and accessories:
 - ✓ Coats;
 - ✓ Custom vascular supports (CVS);
 - ✓ Gloves (including wheelchair gloves);
 - ✓ Gradient compression stockings (panty hose style);
 - ✓ Gradient compression stockings;
 - ✓ Hats;
 - ✓ Lumbar supports for pregnancy;
 - ✓ Scarves;
 - ✓ Slippers;
 - ✓ Socks; and
 - ✓ Surgical stockings.

- Clothing protectors, surgical masks, and other protective cloth furniture covering;

- Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, commercial sun screens, and tanning;

- Diverter valves for bathtub and hand held showers;
 - ✓ Eating/feeding utensils;
 - ✓ Emesis basins, enema bags, and diaper wipes;
 - ✓ Health club memberships;
 - ✓ Hot or cold temperature food and drink containers/holders;
 - ✓ Hot water bottles and cold/hot packs or pads not otherwise covered by specialized therapy programs;

Nondurable Medical Supplies and Equipment

- ✓ Impotence devices;
 - ✓ Insect repellants;
 - ✓ Massage equipment;
 - ✓ Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See Chapter 182-530 WAC;
 - ✓ Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
 - ✓ Sharps containers;
 - ✓ Page turners;
 - ✓ Radios and televisions;
 - ✓ Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
 - ✓ Toothettes and toothbrushes, waterpics, and peridontal devices whether manual, battery-operated, or electric.
- Certain wheelchair features and options are not considered by the Agency to be medically necessary or essential for wheelchair use. This includes, but is not limited to, the following:
 - ✓ Attendant controls (remote control devices);
 - ✓ Canopies, including those for stroller and other equipment;
 - ✓ Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flap for cars);
 - ✓ Identification devices (such as labels, license plates, name plates);
 - ✓ Lighting systems;
 - ✓ Speed conversion kits;
 - ✓ Tie-down restraints, except where medically necessary for client owned vehicles;
 - ✓ Warning devices, such as horns and backup signals;
 - ✓ Hub Lock brake;

Nondurable Medical Supplies and Equipment

- ✓ Decals;
 - ✓ Replacement key or extra key; and
 - ✓ Trays for clients in a skilled nursing facility.
- New durable medical equipment, supplies, or related technology that the Agency has not evaluated for coverage. (See WAC 182-543-2100)

Note: The Agency evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 182-501-0165. [Refer to WAC 182-543-0500(2)]

Authorization

[Refer to 182-543-7000]

What is Authorization?

Authorization is the Agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Prior authorization (PA), expedited prior authorization (EPA) and limitation extensions (LE) are forms of prior authorization.**

The Agency requires providers to obtain authorization for covered durable medical equipment (DME) and related supplies as required in:

- These billing instructions;
- Any applicable numbered memoranda;
- Chapter 182-501 WAC, chapter 182-502 WAC, and chapter 182-543 WAC; and
- When the clinical criteria required within this section are not met.

For prior authorization (PA), a provider must submit a written request to the Agency as specified. (See "When Does the Agency Require PA?" within these billing instructions)

All requests for PA must be accompanied by a completed General Information for Authorization form, 13-835 in addition to any program specific Agency forms as required within this section.

Note: The Agency's electronic forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>

For expedited prior authorization (EPA), a provider must meet the clinically appropriate EPA criteria outlined within these billing instructions. The appropriate EPA number must be used when the provider bills the Agency. (See "When is EPA Used?" within this section)

When a service requires authorization, the provider must properly request authorization in accordance with the Agency's rules, billing instructions, and numbered memoranda.

Note: The Agency's authorization of service(s) does not necessarily guarantee payment.

When authorization is not properly requested, the Agency rejects and returns the request to the provider for further action. The Agency does not consider the rejection of the request to be a denial of service.

Authorization requirements in this chapter are not a denial of service to the client.

The Agency may recoup any payment made to a provider if the Agency later determines that the service was not properly authorized or did not meet the EPA criteria. Refer to WAC 182-502-0100(1)(c).

When Does the Agency Require Prior Authorization (PA)? [Refer to WAC 182-543-7100]

The Agency requires providers to obtain PA for certain items and services before delivering that item or service to the client, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer. The item or service must also be delivered to the client before the provider bills the Agency.

All PA requests must be accompanied by a completed General Information for Authorization form, 13-835, in addition to any program specific Agency forms as required within this section.

Note: Agency forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

When the Agency receives the initial request for PA, the prescription(s) for those items or services must not be older than three months from the date the Agency receives the request.

What Information Does the Agency Require for PA?

The Agency requires certain information from providers in order to PA the purchase or rental of equipment. This information includes, but is not limited to, the following:

- The manufacturer's name;
- The equipment model and serial number;
- A detailed description of the item; and
- Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

Nondurable Medical Supplies and Equipment

For PA requests, the Agency requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. The Agency does not accept general standards of care or industry standards for generalized equipment as justification.

The Agency considers requests for new nondurable medical supplies and equipments (MSE) that do not have assigned Healthcare Common Procedure Coding System (HCPCS) codes and are not listed in the Agency's published issuances, including billing instructions or numbered memoranda. These items require PA.

When making authorization requests, providers must furnish the Agency with all of the following information to establish medical necessity:

- A detailed description of the item(s) or service(s) to be provided;
- The cost or charge for the item(s);
- A copy of the manufacturer's invoice, price-list or catalog with the product description for the item(s) being provided; and
- A detailed explanation of how the requested item(s) differs from an already existing code description.

The Agency does not pay for purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request PA and submit the following to the Agency:

- Why the existing equipment no longer meets the client's medical needs; or
- Why the existing equipment could not be repaired or modified to meet those medical needs; and
- Upon request, documentation showing how the client's condition met the criteria for PA or EPA.

When an item or service has been denied by the Agency, a provider may re-submit a request for PA for the denied item or service. Upon re-submission for PA, the Agency requires the provider to submit any additional documentation that further supports the client's need for the item or service that was previously denied.

Submitting Photos and X-Rays for Medical and DME Requests

For submitting photos and x-rays for medical and DME requests, use the FastLook™ and FastAttach™ services provided by Medical Electronic Attachment, Inc. (MEA).

You may register with MEA by:

- Going to www.mea-fast.com/.
- Selecting Provider Registration (on the menu bar below the banner).
- Entering “FastWDSHS” in the [promotion code box](#).

Contact MEA at 1-888-329-9988, ext. 2, with any questions.

When this option is chosen, you can fax your request to the Agency and indicate the MEA# in the NEA field (box 18) on the PA Request Form.

There is an associated cost, which will be explained by the MEA services.

Note: Please see the *Agency ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html and review the Prior Authorization (PA) chapter for more information on requesting authorization

What Is a Limitation Extension (LE)?

[Refer to WAC 182-543-7200]

The Agency limits the amount, frequency, or duration of certain covered nondurable medical equipment and supplies (MSE), and pays up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a thirty-day supply for one client.

The Agency requires a provider to request PA for a limitation extension (LE) in order to exceed the stated limits for nondurable medical equipment and supplies (MSE).

All requests for PA must be accompanied by a completed General Information for Authorization form, 13-835 in addition to any program specific Agency forms as required within these billing instructions.

Note: Agency forms are available online at:
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

The Agency evaluates requests for LE under the provisions of WAC 182-501-0169.

When Is Expedited Prior Authorization (EPA) Used?

[Refer to WAC 182-543-7300]

EPA is designed to eliminate the need for written and telephonic requests for PA for selected nondurable medical supplies and equipment (MSE) procedure codes.

The Agency requires a provider to create an authorization number for EPA for selected MSE procedure codes. The process and criteria used to create the authorization number is explained within these billing instructions. The authorization number must be used when the provider bills the Agency.

Upon request, a provider must provide documentation to the Agency showing how the client's condition met the criteria for EPA.

A written or telephone request for PA is required when a situation does not meet the EPA criteria for selected MSE procedure codes.

The Agency may recoup any payment made to a provider under this section if the provider did not follow the required EPA process and criteria.

To bill the Agency for MSE that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number of the product and documented medical condition that meets the EPA criteria.

Enter the EPA number on the CMS-1500 Claim Form in the **Authorization Number** field or in the **Authorization** field (at claim level or line level) when billing electronically or direct data entry (DDE). With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in **field 19** of the paper claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726

If you are only billing one EPA or PA number on a paper CMS-1500 Claim Form, please continue to list the 9-digit EPA number in field 23 of the claim form.

Example: The 9-digit EPA number for a breast pump kit for a client that meets all of the EPA criteria would be **870000764** (870000 = first 6 digits, 764 = product and documented medical condition).

Vendors are reminded that EPA numbers are only for those products listed on the following pages. EPA numbers are not valid for:

- Other MSE requiring PA through the Durable Medical Equipment program;

Nondurable Medical Supplies and Equipment

- Products for which the documented medical condition does not meet *all* of the specified criteria; or
- Over-limitation requests.

The written or telephonic request for PA process must be used when a situation does not meet the criteria for a selected MSE code. Providers must submit the request to the DME authorization Unit or call for authorization.

Note: Please see the *Agency ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for more information on requesting authorization.

Washington State Expedited Prior Authorization Criteria Coding List

Miscellaneous Supplies

Note: The following pertains to expedited prior authorization (EPA) numbers 851 - 852:

1. If the medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request in writing to DME Program Management Unit or by calling the Agency (see the *Important Contacts* section).
2. It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days.
3. For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required.
4. Must have a valid physician prescription as described in WAC 182-543-2000(2)(c)
5. Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including **all** of the specified criteria) must be documented in the client's file.
6. You may bill for only one procedure code, per client, per month.

Procedure Code	Description	EPA Code	Criteria
A4335	Incontinence supply, use for diaper doublers, each (age 3 and up).	851	Purchase of 90 per month allowed when all of the following criteria are met: a) If product is used for extra absorbency at nighttime only; and b) When prescribed by a physician.
		852	Up to equal amount of diapers/briefs received if one of the following criteria for clients is met: a) Tube fed; b) On diuretics or other medication that causes frequent/large amounts of output; or c) Brittle diabetic with blood sugar problems.
A4927	Additional gloves for clients who live in an Assisted Living	1262	Will be allowed up to the quantity necessary as directed by the client's physician, not to exceed a total of 400 per month.
A4253 A4259	Blood glucose test strips and lancets for pregnant women with gestational diabetes	1263	Up to the quantity necessary to support testing as directed by their physician, up to 60 days post delivery.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Agency's *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

Billing for Clients Eligible for Both Medicare and Medicaid

Medicare Part D

Clients covered by Part D Medicare may have coverage for diabetes supplies associated with the administration of insulin. These medical supplies include the following:

- Syringes;
- Needles;
- Alcohol swabs;
- Gauze; and
- Inhaled insulin devices.

If you are unable to bill Part D Medicare on behalf of a client, you will need to refer the client to a supplier that can.

For more information on how to bill for clients eligible for both Medicare and Medicaid, refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Third-Party Liability

If the client has TPL coverage (excluding Medicare), prior authorization (PA) must still be obtained before providing any service requiring PA. For more information on TPL coverage, refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Completing the CMS-1500 Claim Form

Note: Refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to the nondurable medical supplies and equipment:

Field No.	Name	Entry														
24B	Place of Service	<p>These are the only appropriate code(s) for this billing instruction:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Code</u></th> <th style="text-align: center;"><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">12</td> <td>Client's residence</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Assisted living facility</td> </tr> <tr> <td style="text-align: center;">14</td> <td>Group Home</td> </tr> <tr> <td style="text-align: center;">32</td> <td>Nursing facility</td> </tr> <tr> <td style="text-align: center;">31</td> <td>Skilled nursing facility</td> </tr> <tr> <td style="text-align: center;">99</td> <td>Other</td> </tr> </tbody> </table>	<u>Code</u>	<u>To Be Used For</u>	12	Client's residence	13	Assisted living facility	14	Group Home	32	Nursing facility	31	Skilled nursing facility	99	Other
<u>Code</u>	<u>To Be Used For</u>															
12	Client's residence															
13	Assisted living facility															
14	Group Home															
32	Nursing facility															
31	Skilled nursing facility															
99	Other															

Reimbursement

General Reimbursement for MSE and Related Services

[Refer to WAC 182-543-9400]

The Agency sets, evaluates and updates the maximum allowable fees for medical supplies and nondurable medical equipment (MSE) and supplies at least once yearly using one or more of the following:

- The current Medicare rate, as established by the federal centers for Medicare and Medicaid services (CMS), if a Medicare rate is available;
- A pricing cluster;
- Based on input from stakeholders or other relevant sources that the Agency determines to be reliable and appropriate; or
- On a by-report basis.

Establishing reimbursement rates for medical supplies and MSE items based on pricing clusters.

- A pricing cluster is based on a specific healthcare common procedure coding system (HCPCS) code.
- The Agency's pricing cluster is made up of all the brands for which the Agency obtains pricing information. However, the Agency may limit the number of brands included in the pricing cluster if doing so is in the best interests of its clients as determined by the Agency. The Agency considers all of the following when establishing the pricing cluster:
 - ✓ A client's medical needs;
 - ✓ Product quality;
 - ✓ Cost; and
 - ✓ Available alternatives.
- When establishing the fee for medical supplies or other MSE items in a pricing cluster, the maximum allowable fee is the median amount of available manufacturers' list prices.

Nondurable Medical Supplies and Equipment

The Agency evaluates a by report (BR) item, procedure, or service for medical necessity, appropriateness and reimbursement value on a case-by-case basis. The Agency calculates the reimbursement rate at 85% of the manufacturer's list price.

For clients residing in skilled nursing facilities, see WAC 182-543-5700.

Payment Methodology for Medical Supplies and Related Services

[Refer to WAC 182-543-9400]

The Agency sets, evaluates and updates the maximum allowable fees for medical supplies and MSE items at least once per year using one or more of the following:

- The current Medicare rate, as established by the federal centers for Medicare and Medicaid services (CMS), if a Medicare rate is available;
- A pricing cluster; or
- Based on input from stakeholders or other relevant sources that the Agency determines to be reliable and appropriate;
- Or on a by-report basis.

Establishing payment rates for medical supplies and MSE items based on pricing clusters.

- A pricing cluster is based on a specific HCPCS code.
- The Agency's pricing cluster is made up of all the brands for which the Agency obtains pricing information. However, the Agency may limit the number of brands included in the pricing cluster if doing so is in the best interests of its clients as determined by the Agency. The Agency considers all of the following when establishing the pricing cluster:
 - ✓ A client's medical needs;
 - ✓ Product quality;
 - ✓ Cost; and
 - ✓ Available alternatives.
- When establishing the fee for medical supplies or other MSE items in a pricing cluster, the maximum allowable fee is the median amount of available manufacturers' list prices.

The Agency evaluates a by report (BR) item, procedure, or service for medical necessity, appropriateness and reimbursement value on a case-by-case basis. The Agency calculates the reimbursement rate at 85% of the manufacturer's list price.

Nondurable Medical Supplies and Equipment

For clients residing in skilled nursing facilities. (See “Clients Residing in a Skilled Nursing Facility” within these billing instructions.)

Fee Schedule

You may view the Agency Medical Supplies and Equipment Fee Schedule at:
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>. Scroll down until you reach the main heading “Durable Medical Equipment.”