Notice: We launched a new web site. As a result, past versions of the billing guide, such as this one, have broken hyperlinks. Please review the current guide for the correct hyperlinks.
About this guide*

This guide takes effect October 1, 2015, and supersedes earlier guides to this program.

Services and/or equipment related to any of the programs listed below must be billed using their specific provider guides:

- Wheelchairs & Durable Medical Equipment and Supplies Provider Guide
- Medical Nutrition Provider Guide
- Home Infusion Therapy Provider Guide
- Prosthetic/Orthotic Devices and Supplies Provider Guide

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

<table>
<thead>
<tr>
<th>Subject</th>
<th>Change</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington State Expedited Prior Authorization Criteria Coding List</td>
<td>Procedure code A4927 (additional gloves) can now be used for place of service 13 (assisted living and adult family home) and 14 (group home).</td>
<td>Policy change to simplify billing process for providers.</td>
</tr>
</tbody>
</table>

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency’s Provider Publications website.

* This publication is a billing instruction.
Table of Contents

Resources Available ............................................................................................................................................... 5

Definitions ............................................................................................................................................................. 6

About the Program ............................................................................................................................................. 8

Client Eligibility ................................................................................................................................................ 11

   How can I verify a patient’s eligibility? ........................................................................................................... 11
   Are clients enrolled in an agency-managed care plan eligible? ................................................................. 12
   Are primary care case management (PCCM) clients covered? .................................................................. 12

Provider/Manufacturer Information .................................................................................................................. 13

   What types of nondurable medical supplies and equipment (MSE) and related services does the agency pay for? ................................................................................................................................. 13
   How can I request that equipment/supplies be added to the covered list in this provider guide? ............. 14
   How do I provide proof of delivery? ................................................................................................................ 15
   Rental or purchase .......................................................................................................................................... 16

Coverage/Limitations ....................................................................................................................................... 18

   What is covered? ........................................................................................................................................... 18

Nondurable MSE Coverage Table .................................................................................................................... 28

   Syringes and needles .................................................................................................................................. 28
   Blood monitoring/testing supplies ................................................................................................................ 29
   Antiseptics and germicides .......................................................................................................................... 30
   Bandages, dressings, and tapes ...................................................................................................................... 31
   Tapes ............................................................................................................................................................. 41
   Ostomy supplies .......................................................................................................................................... 41
   Urological supplies ...................................................................................................................................... 50
   Braces, belts, and supportive devices .......................................................................................................... 64
   Decubitus care products ............................................................................................................................... 67
   Miscellaneous supplies ................................................................................................................................. 67

Clients Residing in a Skilled Nursing Facility ..................................................................................................... 70

   What does the per diem rate include for a skilled nursing facility? .............................................................. 70
       Manual and power-drive wheelchairs ......................................................................................................... 70
   Speech generating devices (SGD) ................................................................................................................... 71
   Specialty beds ................................................................................................................................................. 72

Alert! The page numbers in this table of contents are now “clickable”—do a “control + click” on a page number to go directly to a spot. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. If you don’t immediately see the bookmarks, right click on the gray area next to the document and select Page Display Preferences. Click on the bookmark icon on the left.)
What does the agency pay for outside the per diem rate? ...................................................... 72

Noncovered .......................................................................................................................... 73

What is not covered? ........................................................................................................ 73

Authorization ....................................................................................................................... 79

What is authorization? ....................................................................................................... 79
When does the agency require prior authorization (PA)? ........................................ 80
What information does the agency require for PA? .................................................. 80

Submitting photos and x-rays for medical and MSE requests ........................................... 82
What is a limitation extension (LE)? .................................................................................. 82
When is expedited prior authorization (EPA) used? ................................................... 83
Washington State Expedited Prior Authorization ...................................................... 85
Criteria Coding List ........................................................................................................ 85

Billing and Claim Forms .................................................................................................... 87

What are the general billing requirements? .................................................................... 87
Billing for clients eligible for both Medicare and Medicaid ........................................... 87
Third-party liability (TPL) .................................................................................................. 88
Completing the CMS-1500 claim form ........................................................................ 88

Reimbursement ................................................................................................................. 89

What is the general reimbursement for MSE and related services? ............................... 89
What is the payment methodology for medical supplies and related services? .... 90
Where is the fee schedule for MSE? ............................................................................... 91
## Resources Available

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming a provider or submitting a change of address or ownership</td>
<td>See the agency’s <a href="#">Resources Available</a> web page.</td>
</tr>
<tr>
<td>Finding out about payments, denials, claims processing, or agency managed care organizations</td>
<td></td>
</tr>
<tr>
<td>Electronic or paper billing</td>
<td></td>
</tr>
<tr>
<td>Finding agency documents (e.g., Medicaid provider guides, provider notices, fee schedules)</td>
<td></td>
</tr>
<tr>
<td>Private insurance or third-party liability, other than agency managed care</td>
<td></td>
</tr>
<tr>
<td>Prior authorization, limitation extensions, or exception to rule</td>
<td>(800) 562-3022 (phone)</td>
</tr>
<tr>
<td>How can I request that equipment/supplies be added to the covered list in this provider guide?</td>
<td>(866) 668-1214 (fax)</td>
</tr>
<tr>
<td>Who do I contact about the actual reimbursement rate listed in the fee schedule?</td>
<td>Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510</td>
</tr>
</tbody>
</table>

---

5 Important Contacts
Definitions

This list defines terms and abbreviations, including acronyms, used in this provider guide. See the agency’s Washington Apple Health Glossary 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)

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.

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.
- 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 prerecorded 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

(WAC 182-543-0500)

What products in general does the nondurable medical supplies and equipment (MSE) program cover?

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 this provider guide, according to agency rules and subject to the limitations and requirements within this guide.

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).
  - A physician assistant certified (PAC).
  - A naturopathic physician.
- 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 copay and/or deductible only.
Nondurable Medical Supplies and Equipment

- Authorized, as required in:
  - Chapter 182-501 WAC.
  - Chapter 182-502 WAC.
  - Chapter 182-543 WAC.
  - This guide, see Authorization.

- 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.

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:

- Cost
- The potential for utilization abuse
- A narrow therapeutic indication
- Safety

**Note:** See Authorization for more information.

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.
- Not experimental (see the agency’s current 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 Coverage/Limitations).
Client Eligibility

(WAC 182-501-0060 and 182-501-0065)

How can I verify a patient’s eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client’s benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

**Step 1. Verify the patient’s eligibility for Washington Apple Health.** For detailed instructions on verifying a patient’s eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency’s current ProviderOne Billing and Resource Guide.

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is not eligible, see the note box below.

**Step 2. Verify service coverage under the Washington Apple Health client’s benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client’s benefit package, see the agency’s Health Care Coverage—Program Benefit Packages and Scope of Service Categories web page.

**Note:** Patients who wish to apply for Washington Apple Health can do so in one of the following ways:


2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY).

3. By mailing the application to:
   Washington Healthplanfinder
   PO Box 946
   Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.
Are clients enrolled in an agency-managed care plan eligible?

(WAC 182-538-060 and 182-538-095 or WAC 182-538-063 for managed care 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 in ProviderOne. 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.
- Payment of services referred by a provider participating in 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, 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 for instructions on how to verify a client’s eligibility.

Are primary care case management (PCCM) clients covered?

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.
Provider/Manufacturer Information

(WAC 182-543-2000)

What types of nondurable medical supplies and equipment (MSE) and related services does the agency pay for?

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)
- 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.
- Be enrolled with Medicaid and Medicare.
- 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?).
- Bill the agency using only the allowed procedure codes within this provider guide (see Nondurable MSE Coverage Table).
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.
  - Be written by a physician, advanced registered nurse practitioner (ARNP), physician’s assistant certified (PAC), or a naturopathic physician.
  - 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.
  - 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 this provider guide?**

(WAC 182-543-2100)

Any interested party, such as providers, suppliers, or manufacturers may request the agency to include new equipment/supplies within this 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
  - 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?
(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.
  - 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
  - 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.
  - 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.
  - For MSE that may require future repairs, include the serial number.
When billing the agency use one of the following:

- 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.
- 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**

*(WAC 182-543-2250)*

- 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
- 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.

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
- Return pickup by the provider

The agency considers rented equipment to be purchased after a 12-month 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 the 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.
- 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

(WAC 182-543-5500)

What is covered?

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 Provider Guide for speech generating devices and the agency’s Respiratory Care 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, age 20 and younger, as follows:

- Insulin dependent, 300 test strips and 300 lancets per client, per month (DME providers must submit claims with EPA 870001265; Pharmacy POS providers must use EPA 85000000265 and must bill according to POS instructions – see the Prescription Drug Program)

- For noninsulin dependent, 100 test strips and 100 lancets per client, per month

For adults age 21 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. This brace is noncovered for pregnant clients
- Cervical head harness/halter, cervical pillow, pelvic belt/harness/boot, or extremity belt/harness - 1 per 12-month period
Nondurable Medical Supplies and Equipment

- 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 non-adhesive disc or foam pad for ostomy pouches - 10 per month
  - Adhesive remover or solvent - 3 ounces per month
  - 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 with 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
Nondurable Medical Supplies and Equipment

✓ 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 with:
  ➢ Drainable pouches with plastic face plate attached.
  ➢ Drainable pouches with rubber face plate.

• Syringes and needles

• Urological supplies - diapers and related supplies:
  ✓ The standards and specifications in this section apply to all disposable incontinence 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 incontinence 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
    ➢ All products are covered for client personal use only
In addition, diapers must:

- 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 back sheet that is moisture impervious and is at least 1.00 mm thick, designed to protect clothing and linens.
- Have a top sheet that resists moisture returning to the skin.
- Have an inner lining that is made of soft, absorbent material.
- Have either a continuous waistband, or side panels with a tear-away feature, or refastenable tapes, as follows:
  - For child diapers, at least 2 tapes, 1 on each side
  - The tape adhesive must release from the back sheet 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.
  - Have at least 4 tapes, 2 on each side or 2 large tapes, one 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
Nondurable Medical Supplies and Equipment

- Have a back sheet that is:
  - Moisture impervious, is at least 1.00 mm thick.
  - Designed to protect clothing and linens.

- Have an inner lining made of soft, absorbent material.

- Have a top sheet that resists moisture returning to the skin.

In addition, underpads are covered only when used for clients with incontinence, and only when used for protection on 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.

- Have filler material that is highly absorbent. It must be heavy weight fluff filler or the equivalent.

- 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.
For undergarments only, be contoured for a 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 in which the agency does not pay for when used in combination with:

- Disposable diapers.
- Disposable pull-up pants and briefs.
- Disposable liners, shields, guards, pads, and undergarments.
- Rented reusable diapers (e.g., from a diaper service).
- 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.

**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 age 3 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.
- 150 per month for an adult age 19 and older.

Reusable briefs, washable protective underwear, or pull-up pants (any size) are limited to:

- Purchased - 4 per year.
- Rented - 150 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.
  - With an insertion tray with drainage bag, and with or without catheter.
- Bedside drainage bottle, with or without tubing - 2 per 6 month period.
- 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.
Nondurable Medical Supplies and Equipment

- 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 an 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 an 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.

- 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 a leg bag.
  - Extension drainage tubing.
  - 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.
Nondurable Medical Supplies and Equipment

- 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.
- 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.

- 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.
## Nondurable MSE Coverage Table

### Syringes and needles

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4206</td>
<td></td>
<td>Syringe with needle, sterile 1cc, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4207</td>
<td></td>
<td>Syringe with needle, sterile 2cc, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4208</td>
<td></td>
<td>Syringe with needle, sterile 3cc, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4209</td>
<td></td>
<td>Syringe with needle, sterile 5cc or greater, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td>NC</td>
<td>A4210</td>
<td></td>
<td>Needle free injection device, each</td>
<td>No</td>
<td>Included in nursing facility daily rate. See <a href="#">Physician-Related Services/Health Care Professional Services Provider Guide</a></td>
</tr>
<tr>
<td></td>
<td>A4211</td>
<td></td>
<td>Supplies for self-administered injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4213</td>
<td></td>
<td>Syringe, sterile, 20 cc or greater</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4215</td>
<td></td>
<td>Needle, sterile, any size, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4322</td>
<td></td>
<td>Irrigation syringe, bulb or piston, each</td>
<td>No</td>
<td>Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
</tr>
<tr>
<td>NC</td>
<td>Not covered</td>
</tr>
<tr>
<td>RA</td>
<td>Replacement</td>
</tr>
<tr>
<td>RB</td>
<td>Replacement as part of repair</td>
</tr>
<tr>
<td>DP</td>
<td>Different program</td>
</tr>
<tr>
<td>N</td>
<td>New</td>
</tr>
<tr>
<td>P</td>
<td>Policy change</td>
</tr>
<tr>
<td>RR</td>
<td>Rental</td>
</tr>
</tbody>
</table>

28
## Blood monitoring/testing supplies

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4233</td>
<td></td>
<td>Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4234</td>
<td></td>
<td>Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4235</td>
<td></td>
<td>Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4236</td>
<td></td>
<td>Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4252</td>
<td></td>
<td>Blood ketone test or reagent strip, each</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                       | A4253      | KX or KS | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips | No  | 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.)  

**Limits:**  
100/month for insulin dependent  
100/3 months non-insulin dependent |

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC</td>
<td>A4255</td>
<td></td>
<td>Platforms for home blood glucose monitor, 50 per box</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  

DP = Different program  
KX – Insulin dependent  
NU – Purchase  
RB – Replacement as part of repair  

N=New  
P = Policy change  
RR - Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4256</td>
<td></td>
<td>Normal, low and high calibrator solution/chips</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4258</td>
<td></td>
<td>Spring-powered device for lancet, each</td>
<td>No</td>
<td>One (1) allowed per client every 6 months. Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>A4259</td>
<td>KX or KS</td>
<td>Lancets, per box of 100</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limits: 100/month for insulin dependent; 100/3 months non-insulin dependent</td>
</tr>
</tbody>
</table>

### Antiseptics and germicides

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4244</td>
<td></td>
<td>Alcohol or peroxide, per pint</td>
<td>No</td>
<td>Max of one (1) pint allowed per client per 6 months. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4245</td>
<td></td>
<td>Alcohol wipes, per box (of 200)</td>
<td>No</td>
<td>Max of one (1) box allowed per client per month. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental
## Nondurable Medical Supplies and Equipment

### 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.)

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC A4248</td>
<td></td>
<td></td>
<td>Chlorhexidine containing antiseptic 1 ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Code Status Indicator
- **DC** – Same/similar covered code in fee schedule
- **KS** – Non-insulin dependent
- **NC** - Not covered
- **RA** – Replacement
- **RB** – Replacement as part of repair
- **PP** – Policy change
- **PA** – Policy applied
- **P** = Policy change
- **N** = New
- **DC** = Different program
- **SK** = Same/similar covered code in fee schedule
- **NC** = Not covered
- **RA** = Replacement
- **RB** = Replacement as part of repair

### Policy/Comments
- **Max of one (1) pint allowed per client per month. Included in nursing facility daily rate.**
- **Max of one (1) box allowed per client per month. Included in nursing facility daily rate.**

---

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.
# Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A6025</td>
<td></td>
<td>Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6154</td>
<td></td>
<td>Wound pouch, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6196</td>
<td></td>
<td>Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6197</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6198</td>
<td></td>
<td>Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6199</td>
<td></td>
<td>Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6203</td>
<td></td>
<td>Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6204</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6205</td>
<td></td>
<td>Composite dressing, sterile, pad size more than 48 sq. in. with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6206</td>
<td></td>
<td>Contact layer, sterile, 16 sq. in. or less, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6207</td>
<td></td>
<td>Contact layer, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6208</td>
<td></td>
<td>Contact layer, sterile, more than 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6209</td>
<td></td>
<td>Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  
PA? – Policy/Comments

DP = Different program  
N=New  
NU – Purchase  
RB – Replacement as part of repair  
RR - Rental
Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A6210</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6211</td>
<td></td>
<td>Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6212</td>
<td></td>
<td>Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6213</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6214</td>
<td></td>
<td>Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6215</td>
<td></td>
<td>Foam dressing, wound filler, sterile, per gram</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6216</td>
<td></td>
<td>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6217</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6218</td>
<td></td>
<td>Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6219</td>
<td></td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6220</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule                      DP = Different program
KS – Non-insulin dependent                                      N=New
NC - Not covered                                                 NU – Purchase
RA – Replacement                                                 RB – Replacement as part of repair
                                      P = Policy change
                                      RR - Rental

33
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A6221</td>
<td></td>
<td>Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6222</td>
<td></td>
<td>Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6223</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6224</td>
<td></td>
<td>Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6228</td>
<td></td>
<td>Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6229</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6230</td>
<td></td>
<td>Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6231</td>
<td></td>
<td>Gauze, impregnated, hydrogel, for direct wound contact sterile, pad size 16 sq. in. or less, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6232</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement
PA? – Policy change
RB – Replacement as part of repair
NC – Not covered
P = Policy change
P = Policy change
RB = Replacement as part of repair
RR - Rental

DC = Same/similar covered code in fee schedule
KS = Non-insulin dependent
NC = Not covered
RA = Replacement
PA? = Policy change
RB = Replacement as part of repair
RR = Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6233</td>
<td></td>
<td></td>
<td>Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6234</td>
<td></td>
<td></td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6235</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6236</td>
<td></td>
<td></td>
<td>Hydrocolloid dressing, wound cover sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6237</td>
<td></td>
<td></td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6238</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6239</td>
<td></td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6240</td>
<td></td>
<td></td>
<td>Hydrocolloid dressing, wound filler, paste, sterile, per fluid oz</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6241</td>
<td></td>
<td></td>
<td>Hydrocolloid dressing, wound filler, dry form, sterile, per gram</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6242</td>
<td></td>
<td></td>
<td>Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6243</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

| DC – Same/similar covered code in fee schedule | DP – Different program |
| KS – Non-insulin dependent | KX – Insulin dependent |
| NC – Not covered | NU – Purchase |
| RA – Replacement | RB – Replacement as part of repair |
| RR - Rental | **P** = Policy change |
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6244</td>
<td></td>
<td></td>
<td>Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6245</td>
<td></td>
<td></td>
<td>Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6246</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6247</td>
<td></td>
<td></td>
<td>Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6248</td>
<td></td>
<td>Hydrogel dressing, wound filler, sterile, gel, per fluid oz</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6250</td>
<td></td>
<td>Skin sealants, protectants, moisturizers, ointments, any type, any size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6251</td>
<td></td>
<td></td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6252</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6253</td>
<td></td>
<td></td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6254</td>
<td></td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

---

| DC – Same/similar covered code in fee schedule | DP = Different program |
| KS – Non-insulin dependent | KX – Insulin dependent |
| NC - Not covered | NU – Purchase |
| RA – Replacement | RB – Replacement as part of repair |
| P = Policy change | RR - Rental |
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A6255</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6256</td>
<td></td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6257</td>
<td></td>
<td>Transparent film, sterile, 16 sq. in. or less, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6258</td>
<td></td>
<td>Transparent film, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6259</td>
<td></td>
<td>Transparent film, sterile, more than 48 sq. in., each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6260</td>
<td></td>
<td>Wound cleaners, sterile, any type, any size (per ounce)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6261</td>
<td></td>
<td>Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6262</td>
<td></td>
<td>Wound filler, dry form, sterile, per gram, not elsewhere classified</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6266</td>
<td></td>
<td>Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6402</td>
<td></td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6403</td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6404</td>
<td></td>
<td>Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusuable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  
RK – Replacement as part of repair  

DP = Different program  
N=New  
NU – Purchase  
P = Policy change  
RR - Rental
<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>A6407</td>
<td></td>
<td>Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6413</td>
<td></td>
<td></td>
<td>Adhesive bandage, first-aid type, any size, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6441</td>
<td></td>
<td></td>
<td>Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6442</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6443</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6444</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6445</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6446</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6447</td>
<td></td>
<td></td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6448</td>
<td></td>
<td></td>
<td>Light compression bandage, elastic, knitted/woven, width less than three inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6449</td>
<td></td>
<td></td>
<td>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

**Policy/Comments**

DP = Different program
N=New
P = Policy change
RR - Rental

38
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6450</td>
<td></td>
<td></td>
<td>Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6451</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6452</td>
<td></td>
<td></td>
<td>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</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6453</td>
<td></td>
<td></td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6454</td>
<td></td>
<td></td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6455</td>
<td></td>
<td></td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6456</td>
<td></td>
<td></td>
<td>Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6457</td>
<td></td>
<td></td>
<td>Tubular dressing with or without elastic, any width, per linear yard</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A6501</td>
<td></td>
<td></td>
<td>Compression burn garment, bodysuit (head to foot), custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A6502</td>
<td></td>
<td></td>
<td>Compression burn garment, chin strap, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A6503</td>
<td></td>
<td></td>
<td>Compression burn garment, facial hood, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
N=New
NU – Purchase
P = Policy change
RB – Replacement as part of repair
RR - Rental
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A6504</td>
<td></td>
<td>Compression burn garment, glove to wrist, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6505</td>
<td></td>
<td>Compression burn garment, glove to elbow, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6506</td>
<td></td>
<td>Compression burn garment, glove to axilla, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6507</td>
<td></td>
<td>Compression burn garment, foot to knee length, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6508</td>
<td></td>
<td>Compression burn garment, foot to thigh length, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6509</td>
<td></td>
<td>Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6510</td>
<td></td>
<td>Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6511</td>
<td></td>
<td>Compression burn garment, lower trunk including leg openings (panty), custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6512</td>
<td></td>
<td>Compression burn garment, not otherwise classified</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A6513</td>
<td></td>
<td>Compression burn mask, face and/or neck, plastic or equal, custom fabricated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>S8431</td>
<td></td>
<td></td>
<td>Compression bandage, roll</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>T5999</td>
<td></td>
<td></td>
<td>Supply, not otherwise specified (dressing other)</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

**Abbreviations:**
- DC – Same/similar covered code in fee schedule
- KS – Non-insulin dependent
- NC - Not covered
- RA – Replacement
- RB – Replacement as part of repair
- DC – Same/similar covered code in fee schedule
- KS – Non-insulin dependent
- NC - Not covered
- RA – Replacement
- RB – Replacement as part of repair

- DP = Different program
- N=New
- P = Policy change
- RR - Rental
## Nondurable Medical Supplies and Equipment

### Tapes

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

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4450</td>
<td></td>
<td>Tape, non-waterproof, per 18 square inches</td>
</tr>
<tr>
<td></td>
<td>A4452</td>
<td></td>
<td>Tape, waterproof, per 18 square inches</td>
</tr>
<tr>
<td></td>
<td>A4461</td>
<td></td>
<td>Surgical dressing holder, non-reusable, each</td>
</tr>
<tr>
<td></td>
<td>A4463</td>
<td></td>
<td>Surgical dressing holder, reusable, each</td>
</tr>
<tr>
<td></td>
<td>A4465</td>
<td></td>
<td>Nonelastic binder for extremity</td>
</tr>
<tr>
<td></td>
<td>A4466</td>
<td></td>
<td>Garment, belt, sleeve or other covering, elastic or similar stretchable</td>
</tr>
</tbody>
</table>

### Ostomy supplies

(Note: Items in this category are not taxable)

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4361</td>
<td></td>
<td>Ostomy faceplate, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380</td>
</tr>
<tr>
<td></td>
<td>A4362</td>
<td></td>
<td>Skin barrier, solid, four by four or equivalent, each</td>
<td>No</td>
<td>For ostomy only</td>
</tr>
<tr>
<td></td>
<td>A4363</td>
<td></td>
<td>Ostomy clamp, any type, replacement only, each</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  
KK – Insulin dependent  
NU – Purchase  
RB – Replacement as part of repair  
P = Policy change  
RR - Rental

41
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4364</td>
<td></td>
<td>Adhesive; liquid, or equal, any type, per oz</td>
<td>No</td>
<td>Max of 4 allowed per client per month. For ostomy or catheter</td>
</tr>
<tr>
<td></td>
<td>A4366</td>
<td></td>
<td>Ostomy vent, any type, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4367</td>
<td></td>
<td>Ostomy belt, each</td>
<td>No</td>
<td>Max of two (2) allowed per client every six months.</td>
</tr>
<tr>
<td></td>
<td>A4368</td>
<td></td>
<td>Ostomy filter, any type, each</td>
<td>No</td>
<td>Not allowed in combination with code A4418, A4419, A4423, A4424, A4425 or A4427</td>
</tr>
<tr>
<td></td>
<td>A4369</td>
<td></td>
<td>Ostomy skin barrier, liquid (spray, brush, etc.), per oz</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4371</td>
<td></td>
<td>Ostomy skin barrier, powder, per oz</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4372</td>
<td></td>
<td>Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4373</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4375</td>
<td></td>
<td>Ostomy pouch, drainable, with faceplate attached, plastic, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with code A4361, A4377, or A4378</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair
N=New
P = Policy change
RR - Rental
# Nondurable Medical Supplies and Equipment

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

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  
RB – Replacement as part of repair  
DP = Different program  
KX – Insulin dependent  
NU – Purchase  
P = Policy change  
N=New  
RR - Rental
<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4383</td>
<td></td>
<td></td>
<td>Ostomy pouch, urinary, for use on faceplate, rubber, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, or A4382</td>
</tr>
<tr>
<td>A4384</td>
<td></td>
<td></td>
<td>Ostomy faceplate equivalent, silicone ring, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A4385</td>
<td></td>
<td></td>
<td>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A4387</td>
<td></td>
<td></td>
<td>Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month</td>
</tr>
<tr>
<td>A4388</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>A4389</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>A4390</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>A4391</td>
<td></td>
<td></td>
<td>Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>A4392</td>
<td></td>
<td></td>
<td>Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>A4393</td>
<td></td>
<td></td>
<td>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

| DC – Same/similar covered code in fee schedule | DP = Different program |
| KS – Non-insulin dependent | KX – Insulin dependent |
| NC - Not covered | NU – Purchase |
| RA – Replacement | RB – Replacement as part of repair |
| RR - Rental |
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC</td>
<td>A4394</td>
<td></td>
<td>Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4395</td>
<td></td>
<td>Ostomy deodorant for use in ostomy pouch, solid, per tablet</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4396</td>
<td></td>
<td>Ostomy belt with peristomal hernia support</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4397</td>
<td></td>
<td>Irrigation supply; sleeve, each</td>
<td>No</td>
<td>Max of one (1) allowed per client per month</td>
</tr>
<tr>
<td>DC</td>
<td>A4398</td>
<td></td>
<td>Ostomy irrigation supply; bag, each</td>
<td>No</td>
<td>Max of two (2) allowed per client every 6 months</td>
</tr>
<tr>
<td>DC</td>
<td>A4399</td>
<td></td>
<td>Ostomy irrigation supply; cone/catheter, including brush</td>
<td>No</td>
<td>Max of two (2) allowed per client every 6 months</td>
</tr>
<tr>
<td>DC</td>
<td>A4400</td>
<td></td>
<td>Ostomy irrigation set</td>
<td>No</td>
<td>Max of two (2) allowed per client every 6 months</td>
</tr>
<tr>
<td>DC</td>
<td>A4404</td>
<td></td>
<td>Ostomy ring, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td>DC</td>
<td>A4405</td>
<td></td>
<td>Ostomy skin barrier, non-pectin based, paste, per ounce</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4406</td>
<td></td>
<td>Ostomy skin barrier, pectin based, paste, per ounce</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4407</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4408</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

- DC – Same/similar covered code in fee schedule
- KS – Non-insulin dependent
- NC - Not covered
- RA – Replacement
- RB – Replacement as part of repair
- RR - Rental
- DP = Different program
- N=New
- P = Policy change
Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4409</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4410</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4411</td>
<td></td>
<td>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each</td>
<td>No</td>
<td>Max of 10 allowed per client every 30 days</td>
</tr>
<tr>
<td></td>
<td>A4412</td>
<td></td>
<td>Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4413</td>
<td></td>
<td>Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4414</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4415</td>
<td></td>
<td>Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4416</td>
<td></td>
<td>Ostomy pouch, closed, with barrier attached, with filter (one piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td></td>
<td>A4417</td>
<td></td>
<td>Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  

DP = Different program  
N=New  
NU – Purchase  
RB – Replacement as part of repair  
RR - Rental

46
**Nondurable Medical Supplies and Equipment**

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4418</td>
<td></td>
<td></td>
<td>Ostomy pouch, closed; without barrier attached, with filter (one piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td>NC</td>
<td>A4419</td>
<td></td>
<td>Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td></td>
<td>A4420</td>
<td></td>
<td>Ostomy pouch, closed; for use on barrier with locking flange (two piece), each</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4421</td>
<td></td>
<td>Ostomy supply; misc</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A4422</td>
<td></td>
<td></td>
<td>Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A4423</td>
<td></td>
<td></td>
<td>Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td>A4424</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable, with barrier attached, with filter (one piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td>A4425</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td>A4426</td>
<td></td>
<td></td>
<td>Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
</tr>
<tr>
<td>NC</td>
<td>Not covered</td>
</tr>
<tr>
<td>RA</td>
<td>Replacement</td>
</tr>
<tr>
<td>RB</td>
<td>Replacement as part of repair</td>
</tr>
<tr>
<td>DP</td>
<td>Different program</td>
</tr>
<tr>
<td>N</td>
<td>New</td>
</tr>
<tr>
<td>NU</td>
<td>Purchase</td>
</tr>
<tr>
<td>P</td>
<td>Policy change</td>
</tr>
<tr>
<td>RR</td>
<td>Rental</td>
</tr>
</tbody>
</table>
Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4427</td>
<td></td>
<td>Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month. Not allowed in combination with A4368</td>
</tr>
<tr>
<td></td>
<td>A4428</td>
<td></td>
<td>Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4429</td>
<td></td>
<td>Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4430</td>
<td></td>
<td>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4431</td>
<td></td>
<td>Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4432</td>
<td></td>
<td>Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4433</td>
<td></td>
<td>Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4434</td>
<td></td>
<td>Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A4435</td>
<td></td>
<td>Ostomy pouch, drainable, high output, with extended wear barrier (one piece system), with or without filter each</td>
<td>No</td>
<td>Maximum of 10 allowed per client per month</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental
Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4455</td>
<td>A5051</td>
<td></td>
<td>Adhesive remover or solvent (for tape, cement, or other adhesive), per oz</td>
<td>No</td>
<td>Max of 3 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ostomy pouch, closed; with barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 60 allowed per client per month</td>
</tr>
<tr>
<td>A5052</td>
<td>A5053</td>
<td></td>
<td>Ostomy pouch, closed; without barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 60 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ostomy pouch, closed; for use on faceplate each</td>
<td>No</td>
<td>Max of 60 allowed per client per month</td>
</tr>
<tr>
<td>A5054</td>
<td>A5055</td>
<td></td>
<td>Ostomy pouch, closed; for use on barrier with flange (two piece) each</td>
<td>No</td>
<td>Max of 60 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5061</td>
<td></td>
<td>Stoma cap</td>
<td>No</td>
<td>Max of 30 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5062</td>
<td></td>
<td>Ostomy pouch, drainable; with barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5063</td>
<td></td>
<td>Ostomy pouch, drainable; without barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5071</td>
<td></td>
<td>Ostomy pouch, drainable; for use on barrier with flange (two piece system) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5072</td>
<td></td>
<td>Ostomy pouch, urinary, with barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5073</td>
<td></td>
<td>Ostomy pouch, urinary, without barrier attached (one piece) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5074</td>
<td></td>
<td>Ostomy pouch, urinary, for use on barrier with flange (two piece) each</td>
<td>No</td>
<td>Max of 20 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5081</td>
<td></td>
<td>Stoma plug or seal, any type</td>
<td>No</td>
<td>Max of 30 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5082</td>
<td></td>
<td>Continent device; catheter for continent stoma</td>
<td>No</td>
<td>Max of one (1) allowed per client per month</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair
N=New
P = Policy change
RR - Rental
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC</td>
<td>A5083</td>
<td></td>
<td>Continent device, stoma absorptive cover for continent stoma. See code A6219.</td>
<td>No</td>
<td>Max of 10 allowed per client per month</td>
</tr>
<tr>
<td></td>
<td>A5093</td>
<td></td>
<td>Ostomy accessory, convex insert</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A5120</td>
<td></td>
<td>Skin barrier, wipes or swabs, each</td>
<td>No</td>
<td>Ostomy only</td>
</tr>
<tr>
<td></td>
<td>A5121</td>
<td></td>
<td>Skin barrier, solid, 6 x 6 or equivalent, each</td>
<td>No</td>
<td>For ostomy only</td>
</tr>
<tr>
<td></td>
<td>A5122</td>
<td></td>
<td>Skin barrier, solid, 8 x 8 or equivalent, each</td>
<td>No</td>
<td>For ostomy only</td>
</tr>
<tr>
<td></td>
<td>A5126</td>
<td></td>
<td>Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>A5131</td>
<td></td>
<td>Appliance cleaner, incontinence and ostomy appliances, per 16 oz</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

## Urological supplies

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4310</td>
<td></td>
<td>Insertion tray without drainage bag and without catheter (accessories only)</td>
<td>Yes</td>
<td>Max of 120 per client, per month. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, A4353, or A4354 Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>DC – Same/similar covered code in fee schedule</th>
<th>DP = Different program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KS – Non-insulin dependent</td>
<td>N = New</td>
</tr>
<tr>
<td></td>
<td>NC - Not covered</td>
<td>P = Policy change</td>
</tr>
<tr>
<td></td>
<td>RA – Replacement</td>
<td>RR – Rental</td>
</tr>
<tr>
<td></td>
<td>PA?</td>
<td>Policy/Comments</td>
</tr>
</tbody>
</table>

50
<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4311</td>
<td></td>
<td></td>
<td>Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Not allowed in combination with code A4310, A4314, or A4338. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4312</td>
<td></td>
<td></td>
<td>Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone</td>
<td>No</td>
<td>Maximum of 3 allowed per client per month. Not allowed in combination with code A4310, A4315, or A4344. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4313</td>
<td></td>
<td></td>
<td>Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation</td>
<td>No</td>
<td>Maximum of 3 allowed per client per month. Not allowed in combination with code A4310, A4316, or A4346. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4314</td>
<td></td>
<td></td>
<td>Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4315</td>
<td></td>
<td></td>
<td>Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

PA – Policy
PB – Provision
PR – Procedure
RR – Rental

DC = Different program
KX = Insulin dependent
N=New
P = Policy change
RB – Replacement as part of repair

51
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4316</td>
<td></td>
<td>Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4320</td>
<td></td>
<td>Irrigation tray with bulb or piston syringe, any purpose</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with code A4322, A4355. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td><strong>DC</strong></td>
<td>A4321</td>
<td></td>
<td>Therapeutic agent for urinary catheter irrigation</td>
<td>No</td>
<td>Max of 60 allowed per client per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4326</td>
<td></td>
<td>Male external catheter specialty type with integral collection chamber, each</td>
<td>No</td>
<td>Max of 60 allowed per client per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4327</td>
<td></td>
<td>Female external urinary collection device; metal cup, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4328</td>
<td></td>
<td>Female external urinary collection device; pouch, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4330</td>
<td></td>
<td>Perianal fecal collection pouch with adhesive, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4331</td>
<td></td>
<td>Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4332</td>
<td></td>
<td>Lubricant, individual sterile packet, for insertion of urinary catheter, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>A4333</td>
<td></td>
<td>Urinary catheter anchoring device, adhesive skin attachment, each</td>
<td>No</td>
<td>Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
N=New
NU – Purchase
RB – Replacement as part of repair
RR - Rental
<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4334</td>
<td></td>
<td></td>
<td>Urinary catheter anchoring device, leg strap, each</td>
<td>No</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td>A4335</td>
<td></td>
<td></td>
<td>Incontinence supply; miscellaneous. (diaper doublers, each)</td>
<td>Yes</td>
<td>Included in nursing facility daily rate. (age 3 and up)</td>
</tr>
<tr>
<td>A4336</td>
<td></td>
<td></td>
<td>Incontinence supply; urethral insert, any type, each</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A4338</td>
<td></td>
<td></td>
<td>Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4311 or A4314</td>
</tr>
<tr>
<td>A4340</td>
<td></td>
<td></td>
<td>Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each</td>
<td>No</td>
<td>Max of 3 allowed per client per month. Included in nursing facility daily rate</td>
</tr>
<tr>
<td>A4344</td>
<td></td>
<td></td>
<td>Indwelling catheter, Foley type, two-way, all silicone, each</td>
<td>No</td>
<td>Max of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4312 or A4315</td>
</tr>
<tr>
<td>A4346</td>
<td></td>
<td></td>
<td>Indwelling catheter, Foley type, three-way for continuous irrigation, each</td>
<td>No</td>
<td>Max of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4313 or A4316</td>
</tr>
<tr>
<td>A4349</td>
<td></td>
<td></td>
<td>Male external catheter, with or without adhesive, disposable, each</td>
<td>No</td>
<td>Max allowable of 60 per client, per month. Included in nursing facility daily rate</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

KP – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4351</td>
<td></td>
<td></td>
<td>Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</td>
<td>No</td>
<td>Max of 120 allowed per client per month. Not allowed in combination with code A4352 or A4353</td>
</tr>
<tr>
<td>A4352</td>
<td></td>
<td></td>
<td>Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each</td>
<td>No</td>
<td>Max of 120 allowed per client per month. Not allowed in combination with code A4351 or A4353</td>
</tr>
<tr>
<td>A4353</td>
<td></td>
<td></td>
<td>Intermittent urinary catheter, with insertion supplies</td>
<td>Yes</td>
<td>Not allowed in combination with A4310, A4351, A4352, or A4354. Includes sterile no touch catheter systems Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4354</td>
<td></td>
<td></td>
<td>Insertion tray with drainage bag but without catheter</td>
<td>Yes</td>
<td>Not allowed in combination with A4310, A4314, A4315, A4316, A4353, A4357- A4358, and A5112 Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4355</td>
<td></td>
<td></td>
<td>Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each</td>
<td>No</td>
<td>Max of 30 allowed per client per month. Not allowed in combination with A4320, A4322 Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4356</td>
<td></td>
<td></td>
<td>External urethral clamp or compression device (not to be used for catheter clamp), each</td>
<td>No</td>
<td>Max of two (2) allowed per client per year. Included in nursing facility daily rate</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  
PA? – Policy change  
RB – Replacement as part of repair  
SC – Similar code in fee schedule  
SN – Not allowed

DP = Different program  
N=New  
P = Policy change  
RR - Rental
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4357</td>
<td></td>
<td></td>
<td>Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.</td>
<td>No</td>
<td>Max of two (2) allowed per client per month. Not allowed in combination with code A4314-A4316 or A4354. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4358</td>
<td></td>
<td></td>
<td>Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.</td>
<td>No</td>
<td>Max of two (2) allowed per client per month. Not allowed in combination with code A5113, A5114, A4354, or A5105. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A4360</td>
<td></td>
<td></td>
<td>Disposable external urethral clamp or compression device</td>
<td>No</td>
<td>Max of two (2) allowed per client per year</td>
</tr>
<tr>
<td>A4402</td>
<td></td>
<td></td>
<td>Lubricant, per oz.</td>
<td>No</td>
<td>Included in nursing facility daily rate. (For insertion of urinary catheters.)</td>
</tr>
<tr>
<td>A4456</td>
<td></td>
<td></td>
<td>Adhesive remover, wipes, any type, each</td>
<td>No</td>
<td>Max of 50 wipes allowed per client, per month</td>
</tr>
<tr>
<td>A4520</td>
<td></td>
<td></td>
<td>Incontinence garment, any type, (e.g. brief, diaper), each.</td>
<td>Yes</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td>A5056</td>
<td></td>
<td></td>
<td>1 piece ostomy pouch with filter</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A5057</td>
<td></td>
<td></td>
<td>1 piece ostomy pouch with built-in Convex</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A5102</td>
<td></td>
<td></td>
<td>Bedside drainage bottle, with or without tubing, rigid or expandable, each</td>
<td>No</td>
<td>Max of two (2) allowed per client per 6 months. Included in nursing facility daily rate</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
</tr>
<tr>
<td>NC</td>
<td>Not covered</td>
</tr>
<tr>
<td>RA</td>
<td>Replacement</td>
</tr>
<tr>
<td>PD</td>
<td>Different program</td>
</tr>
<tr>
<td>N</td>
<td>New</td>
</tr>
<tr>
<td>NU</td>
<td>Purchase</td>
</tr>
<tr>
<td>RB</td>
<td>Replacement as part of repair</td>
</tr>
<tr>
<td>RR</td>
<td>Rental</td>
</tr>
</tbody>
</table>
# Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A5105</td>
<td></td>
<td>Urinary suspensory; with leg bag, with or without tube</td>
<td>No</td>
<td>Max 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.</td>
</tr>
<tr>
<td></td>
<td>A5112</td>
<td></td>
<td>Urinary leg bag; latex</td>
<td>No</td>
<td>Max 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</td>
</tr>
<tr>
<td></td>
<td>A5113</td>
<td>RA</td>
<td>Leg strap; latex, replacement only, per set</td>
<td>No</td>
<td>Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112</td>
</tr>
<tr>
<td></td>
<td>A5114</td>
<td>RA</td>
<td>Leg strap; foam or fabric, replacement only, per set</td>
<td>No</td>
<td>Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112</td>
</tr>
</tbody>
</table>
|                       | T4521      |          | Adult-sized disposable incontinence product, brief/diaper, small, each | Medical exceptions to max quantity or age limitation require PA | For clients age 20 and older. Recommended for waist sizes 24”–32”
*Max of 200 diapers purchased per client per month.*
Included in nursing facility daily rate. |

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

**Abbreviations:**
- DC – Same/similar covered code in fee schedule
- KS – Non-insulin dependent
- NC - Not covered
- RA – Replacement
- RB – Replacement as part of repair
- PP = New program
- RB = Replacement as part of repair
- DC = Different program
- DP = Policy change
- RR - Rental
- **N** = New
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T4522</strong></td>
<td></td>
<td></td>
<td>Adult-sized disposable incontinence product, brief/diaper, medium, each</td>
<td>Medical exceptions to max quantity or age limitation require PA</td>
<td>For clients age 20 and older. Recommended for waist sizes 32” – 44” *Max of 200 diapers purchased per client, per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td><strong>T4523</strong></td>
<td></td>
<td></td>
<td>Adult-sized disposable incontinence product, brief/diaper, large, each</td>
<td>Medical exceptions to max quantity or age limitation require PA</td>
<td>For clients age 20 and older. Recommend for waist sizes 45” – 58” *Max of 200 diapers purchased per client, per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td><strong>T4524</strong></td>
<td></td>
<td></td>
<td>Adult-sized disposable incontinence product, brief/diaper, extra-large, each</td>
<td>Medical exceptions to max quantity or age limitation require PA</td>
<td>For clients age 20 years and older. Recommend for waist sizes 56” – 64” *Max of 200 diapers purchased per client, per month. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

---

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

**Code Status Indicator:**

- DC – Same/similar covered code in fee schedule
- KS – Non-insulin dependent
- NC - Not covered
- RA – Replacement
- RB – Replacement as part of repair

**Modifier:**

- KX – Insulin dependent
- NU – Purchase

**Policy/Comments:**

- DP = Different program
- N=New
- P = Policy change
- RR - Rental

---

57
**Nondurable Medical Supplies and Equipment**

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T4525</td>
<td></td>
<td>Adult-sized disposable incontinence product, protective underwear/pull-on, small size, each</td>
<td>No</td>
<td>For clients age 6 and older. Recommended for waist sizes 24”-32”. Max of 200 allowed for clients age 6 through 19, per month; max of 150 allowed for clients age 20 and older, per month. *Use modifier 59 to designate daytime use only. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>T4526</td>
<td></td>
<td>Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each</td>
<td>No</td>
<td>For clients age 6 and older. Recommended for waist sizes 32” – 44” Max of 200 allowed for clients age 6-19, per month; max of 150 allowed for clients age 20 and older, per month *Use modifier 59 to designate daytime use only. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>T4527</td>
<td></td>
<td>Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each</td>
<td>No</td>
<td>For clients age 6 and older. Recommended for waist sizes 45” – 58” Max of 200 allowed for</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental

58
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **T4528**
  - Adult-sized disposable incontinence product, protective underwear/pull-on, extra-large size, each
  - **No**
  - **For clients age 6 and older. Recommended for waist sizes 56” – 64”**
  - Max of 200 allowed for clients age 6-19, per month; max of 150 allowed for clients age 20 and older, per month.
  - **Use modifier 59 is used to designate daytime only usage.**
  - Included in nursing facility daily rate.

- **T4529**
  - Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
  - **Medical exceptions to max quantity or age limit require PA**
  - **For clients age 3-20. Recommended for waist sizes 13” – 19”**
  - **Max of 200 diapers purchased per client, per month**

---

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

---

**Abbreviations:**
- **DC** = Same/similar covered code in fee schedule
- **KS** = Non-insulin dependent
- **NC** = Not covered
- **RA** = Replacement
- **KX** = Insulin dependent
- **NU** = Purchase
- **RB** = Replacement as part of repair
- **N** = New
- **P** = Policy change
- **RR** = Rental
- **DP** = Different program

---

59
<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T4530</td>
<td></td>
<td>Pediatric sized disposable incontinence product, brief/diaper, large size, each</td>
<td>Medical exceptions to max quantity or age limit require PA</td>
<td>Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>T4531</td>
<td></td>
<td>Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</td>
<td>Medical exceptions to max quantity or age limit require PA</td>
<td>For clients age 3-20 Max of 200 diapers purchased per client, per month. *Use modifier 59 to designate daytime only usage Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>T4532</td>
<td></td>
<td>Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</td>
<td>No</td>
<td>For clients age 3-20 Max of 200 diapers purchased per client, per month. *Use modifier 59 to designate daytime only usage Included in nursing facility daily rate</td>
</tr>
<tr>
<td></td>
<td>T4533</td>
<td></td>
<td>Youth sized disposable incontinence product, brief/diaper, each</td>
<td>No</td>
<td>For clients age 6-20. Recommended for waist sizes 18” – 26” *Max of 200 diapers purchased per client, per month</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental

DP = Different program
# Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T4534</td>
<td></td>
<td>Youth sized disposable incontinence product, protective underwear/pull-on, each</td>
<td>Medical exceptions to max quantity or age limit require PA</td>
<td>For clients age 6-20. Recommended for waist sizes 17” – 26” Max of 200 allowed per client, per month *Use modifier 59 to designate daytime only usage Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>T4535</td>
<td></td>
<td>Disposable liner/shield/guard/pad/undergarment, for incontinence, each</td>
<td>Medical exceptions to max quantity require PA Not to be used inside any other product</td>
<td>For clients age 3 and older. Max of 200 pieces allowed per client, per month *Use modifier 59 to designate daytime only usage. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>T4536</td>
<td>NU</td>
<td>Incontinence product, protective underwear/pull-on, reusable, any size, each</td>
<td>No</td>
<td>For clients age 3 and older. *Max of 4 per client, per year Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair

N=New
P = Policy change
RR - Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4536</td>
<td>RR</td>
<td>Incontinence product, protective underwear/pull-on, reusable, any size, each</td>
<td>No</td>
<td>For clients age 3 and older. Max of 150 allowed per client, per month. Included in nursing facility daily rate.</td>
<td></td>
</tr>
<tr>
<td>T4537</td>
<td>NU</td>
<td>Incontinence product, protective underpad, reusable, bed size, each</td>
<td>No</td>
<td>Limit 42 per year. Not allowed in combination with code T4541, T4542, or T4537 (RR).</td>
<td></td>
</tr>
<tr>
<td>T4538</td>
<td>RR</td>
<td>Incontinence product, protective underpad, reusable, bed size, each</td>
<td>No</td>
<td>Limit 90 per month. Not allowed in combination with code T4541, T4542, or T4537 (NU). Included in nursing facility daily rate.</td>
<td></td>
</tr>
</tbody>
</table>

---

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Same/similar covered code in fee schedule</td>
</tr>
<tr>
<td>KS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-insulin dependent</td>
</tr>
<tr>
<td>NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>RA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Replacement</td>
</tr>
<tr>
<td>T4536</td>
<td>RR</td>
<td></td>
<td></td>
<td></td>
<td>Incontinence product, protective underwear/pull-on, reusable, any size, each</td>
</tr>
<tr>
<td>T4537</td>
<td>NU</td>
<td></td>
<td></td>
<td></td>
<td>Incontinence product, protective underpad, reusable, bed size, each</td>
</tr>
<tr>
<td>T4538</td>
<td>RR</td>
<td></td>
<td></td>
<td></td>
<td>Diaper service, reusable diaper, each diaper</td>
</tr>
</tbody>
</table>

DC – Same/similar covered code in fee schedule

KS – Non-insulin dependent

NC - Not covered

RA – Replacement

T4536 – Incontinence product, protective underwear/pull-on, reusable, any size, each

T4537 – Incontinence product, protective underpad, reusable, bed size, each

T4538 – Diaper service, reusable diaper, each diaper

PA? – Policy/Comments

PA – Requires prior authorization

Max of 200 diapers allowed per client, per month. Included in nursing facility daily rate.
## Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>T4539</td>
<td>NU</td>
<td>Incontinence product, diaper/brief, reusable, any size, each</td>
<td>Medical exceptions to max quantity or age limit require PA.</td>
<td>For clients age 3 and older. Max of 36 diapers allowed per client, per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>NC</td>
<td>T4540</td>
<td></td>
<td>Incontinence product, protective underpad, reusable, chair size, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>T4541</td>
<td></td>
<td>Incontinence product, disposable underpad, large, each</td>
<td>No</td>
<td>For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Max of 180 pieces allowed per client, per month. Not allowed in combination with code T4537 (NU) or T4537 (RR). Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>NC</td>
<td>T4543</td>
<td></td>
<td>Adult-sized disposable incontinence product, protective brief/diaper, above extra large, each</td>
<td>No</td>
<td>For clients age 20 and older. (Recommended for waist sizes 65” – 84”)*Max of 200 pieces purchased per client, per month. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule
KS – Non-insulin dependent
NC - Not covered
RA – Replacement

DP = Different program
KX – Insulin dependent
NU – Purchase
RB – Replacement as part of repair
P = Policy change
RR - Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>T4544</td>
<td></td>
<td>Adult-sized disposable incontinence product, protective underwear/pull-on above extra-large, each</td>
<td>No</td>
<td>For clients age six and older. (Recommended for waist sizes 65” and over). Max of 200 allowed for clients age 6 to 19, per month; max of 150 allowed per clients age 20 and older, per month. *Use modifier 59 to designate daytime use only. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

#### Braces, belts, and supportive devices

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>A4490</td>
<td></td>
<td>Surgical stocking above knee length, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4495</td>
<td></td>
<td>Surgical stocking thigh length, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4500</td>
<td></td>
<td>Surgical stocking below knee length, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>T4542</td>
<td></td>
<td>Incontinence product, disposable underpad, small size, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4510</td>
<td></td>
<td>Surgical stocking full length, each, (pantyhose style)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4565</td>
<td></td>
<td>Slings</td>
<td>No</td>
<td>Max of two allowed per client per year.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

- **DC** – Same/similar covered code in fee schedule
- **KS** – Non-insulin dependent
- **NC** - Not covered
- **RA** – Replacement
- **KS** – Insulin dependent
- **NU** – Purchase
- **RB** – Replacement as part of repair
- **N**=New
- **P** = Policy change
- **RR** - Rental

---

64
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4570</td>
<td></td>
<td>Splint</td>
<td>No</td>
<td>Max of one allowed per client per year. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>NC</td>
<td>A4600</td>
<td></td>
<td>Sleeve for intermittent limb compression device, replacement only, each</td>
<td>NC</td>
<td>A4600</td>
</tr>
<tr>
<td></td>
<td>A6530</td>
<td></td>
<td>Gradient compression stocking, below knee, 18-30 MMHG, each</td>
<td>NC</td>
<td>A6530</td>
</tr>
<tr>
<td></td>
<td>A6531</td>
<td></td>
<td>Gradient compression stocking, below knee, 30-40 MMHG, each</td>
<td>NC</td>
<td>A6531</td>
</tr>
<tr>
<td></td>
<td>A6532</td>
<td></td>
<td>Gradient compression stocking, below knee, 40-50 MMHG, each</td>
<td>NC</td>
<td>A6532</td>
</tr>
<tr>
<td></td>
<td>A6533</td>
<td></td>
<td>Gradient compression stocking, thigh length, 18-30 MMHG, each</td>
<td>NC</td>
<td>A6533</td>
</tr>
<tr>
<td></td>
<td>A6534</td>
<td></td>
<td>Gradient compression stocking, thigh length, 30-40 MMHG, each</td>
<td>NC</td>
<td>A6534</td>
</tr>
<tr>
<td></td>
<td>A6535</td>
<td></td>
<td>Gradient compression stocking, thigh length, 40-50 MMHG, each</td>
<td>NC</td>
<td>A6535</td>
</tr>
<tr>
<td></td>
<td>A6536</td>
<td></td>
<td>Gradient compression stocking, full length/chap style, 18-30 MMHG, each</td>
<td>NC</td>
<td>A6536</td>
</tr>
<tr>
<td></td>
<td>A6537</td>
<td></td>
<td>Gradient compression stocking, full length/chap style, 30-40 MMHG, each</td>
<td>NC</td>
<td>A6537</td>
</tr>
<tr>
<td></td>
<td>A6538</td>
<td></td>
<td>Gradient compression stocking, full length/chap style, 40-50 MMHG, each</td>
<td>NC</td>
<td>A6538</td>
</tr>
<tr>
<td></td>
<td>A6539</td>
<td></td>
<td>Gradient compression stocking, waist length (pantyhose style), 18-30 MMHG, each</td>
<td>NC</td>
<td>A6539</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

---

**Code Status Indicator Definitions:**
- **DC** – Same/similar covered code in fee schedule
- **KS** – Non-insulin dependent
- **NC** - Not covered
- **RA** – Replacement
- **RB** – Replacement as part of repair
- **P** = Policy change
- **N** = New
- **RR** - Rental

**Policy/Comments Definitions:**
- **Included in nursing facility daily rate.**
- **Max of one allowed per client per year.**
- **Included in nursing facility daily rate.**
**Nondurable Medical Supplies and Equipment**

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>A6540</td>
<td></td>
<td>Gradient compression stocking, waist length, 30-40 MMHG, each. (pantyhose style)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6541</td>
<td></td>
<td>Gradient compression stocking, waist length, 40-50 MMHG, each. (pantyhose style)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6544</td>
<td></td>
<td>Gradient compression stocking, garter belt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6545</td>
<td></td>
<td>Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6549</td>
<td></td>
<td>Gradient compression stocking, not otherwise specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A9283</td>
<td></td>
<td>Foot pressure off loading/supportive device, any type, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E0942</td>
<td></td>
<td></td>
<td>Cervical head harness/halter</td>
<td>No</td>
<td>Max of one allowed per client, per year. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>E0944</td>
<td></td>
<td></td>
<td>Pelvic belt/harness/boot</td>
<td>No</td>
<td>Max of one allowed per client per year. Not allowed for use during pregnancy. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>E0945</td>
<td></td>
<td></td>
<td>Extremity belt/harness</td>
<td>No</td>
<td>Max of one allowed per client, per year. Not allowed for use during pregnancy. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
<th>DP</th>
<th>Different program</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
<td>KX</td>
<td>Insulin dependent</td>
</tr>
<tr>
<td>NC - Not covered</td>
<td>NU – Purchase</td>
<td></td>
<td>P = Policy change</td>
</tr>
<tr>
<td>RA – Replacement</td>
<td>RB – Replacement as part of repair</td>
<td>RR</td>
<td>Rental</td>
</tr>
</tbody>
</table>
## Decubitus care products

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E0188</td>
<td></td>
<td>Synthetic sheepskin pad</td>
<td>No</td>
<td>Max of one allowed per client, per year. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>E0189</td>
<td></td>
<td>Lambswool sheepskin pad</td>
<td>No</td>
<td>Max of one allowed per client, per year. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td></td>
<td>E0191</td>
<td></td>
<td>Heel or elbow protector, each</td>
<td>No</td>
<td>Max of four allowed per client, per year. Included in nursing facility daily rate.</td>
</tr>
</tbody>
</table>

## Miscellaneous supplies

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>A4250</td>
<td></td>
<td>Urine test or reagent strips or tablets (100 tablets or strips)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4265</td>
<td></td>
<td>Paraffin, per pound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4281</td>
<td></td>
<td>Tubing for breast pump, replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4282</td>
<td></td>
<td>Adapter for breast pump, replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4283</td>
<td></td>
<td>Cap for breast pump bottle, replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4284</td>
<td></td>
<td>Breast shield and splash protector for use with breast pump, replacement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
<th></th>
<th>DP = Different program</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
<td>KX = Insulin dependent</td>
<td>N=New</td>
</tr>
<tr>
<td>NC - Not covered</td>
<td>NU – Purchase</td>
<td>P = Policy change</td>
<td></td>
</tr>
<tr>
<td>RA – Replacement</td>
<td>RB – Replacement as part of repair</td>
<td>RR - Rental</td>
<td></td>
</tr>
</tbody>
</table>

67
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC</td>
<td>A4285</td>
<td></td>
<td>Polycarbonate bottle for use with breast pump, replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>A4286</td>
<td></td>
<td>Locking ring for breast pump, replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4290</td>
<td></td>
<td>Sacral nerve stimulation test lead, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4458</td>
<td></td>
<td>Enema bag with tubing, reusable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4459</td>
<td></td>
<td>Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4559</td>
<td></td>
<td>Coupling gel/paste, for use with ultrasound device, per ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP</td>
<td>A4561</td>
<td></td>
<td>Pessary, rubber, any type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP</td>
<td>A4562</td>
<td></td>
<td>Pessary, non rubber, any type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4633</td>
<td></td>
<td>Replacement bulb/lamp for ultraviolet light therapy system, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4634</td>
<td></td>
<td>Replacement bulb for therapeutic light box, tabletop model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4639</td>
<td></td>
<td>Replacement pad for infrared heating pad system, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4927</td>
<td></td>
<td>Gloves, nonsterile, per box of 100</td>
<td>Quantities exceeding 2 units per month require PA.</td>
<td>One unit = box of 100. Included in nursing facility daily rate and in home health care rate.</td>
</tr>
<tr>
<td>NC</td>
<td>A4928</td>
<td></td>
<td>Surgical mask, per 20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

DC – Same/similar covered code in fee schedule  
KS – Non-insulin dependent  
NC - Not covered  
RA – Replacement  

DP = Different program  
KX – Insulin dependent  
NU – Purchase  
RB – Replacement as part of repair  

N=New  
P = Policy change  
RR - Rental
### Nondurable Medical Supplies and Equipment

<table>
<thead>
<tr>
<th>Code Status Indicator</th>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>PA?</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A4930</td>
<td></td>
<td>Gloves, sterile, per pair</td>
<td>Limit 30 per month</td>
<td>Included in nursing facility daily rate and in home health care rate</td>
</tr>
<tr>
<td>NC</td>
<td>A4931</td>
<td></td>
<td>Oral thermometer, reusable, any type, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A4932</td>
<td></td>
<td>Rectal thermometer, reusable, any type, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A6000</td>
<td></td>
<td>Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6410</td>
<td></td>
<td></td>
<td>Eye pad, sterile, each</td>
<td>No</td>
<td>Max of 20 allowed per client, per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>A6411</td>
<td></td>
<td></td>
<td>Eye pad, non-sterile, each</td>
<td>No</td>
<td>Max of one allowed per client, per month. Included in nursing facility daily rate.</td>
</tr>
<tr>
<td>NC</td>
<td>A6412</td>
<td></td>
<td>Eye patch, occlusive, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>A9180</td>
<td></td>
<td>Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T5999</td>
<td></td>
<td></td>
<td>Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>S8265</td>
<td></td>
<td></td>
<td>Haberman feeder for cleft lip/palate</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

* Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

<table>
<thead>
<tr>
<th>DC</th>
<th>Same/similar covered code in fee schedule</th>
<th>DP</th>
<th>Different program</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>Non-insulin dependent</td>
<td>N</td>
<td>New</td>
</tr>
<tr>
<td>NC</td>
<td>Not covered</td>
<td>NU</td>
<td>Purchase</td>
</tr>
<tr>
<td>RA</td>
<td>Replacement</td>
<td>RB</td>
<td>Replacement as part of repair</td>
</tr>
<tr>
<td>RR</td>
<td>Rental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 in this provider guide.

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 guide.

Manual and power-drive wheelchairs
(WAC 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.
- Include a completed Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, 13-729.
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 *Reimbursement* for more information).

- The make, model, and serial number of the wheelchair to be modified.

- The modification requested.

- 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.

- 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)**

(WAC [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**  
(WAC 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.
- 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 Reimbursement section for more information.)

**What does the agency pay for outside the per diem rate?**  
(WAC 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.
  - 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?
(WAC 182-543-6000)

The agency pays only for MSE and related supplies and services listed as covered in this provider guide. The agency evaluates a request for any MSE and related supplies and services listed as noncovered within this provider guide and in WAC 182-501-0070, under the provisions of WAC 182-501-0160. When the agency considers that a request does not meet the provisions of WAC 182-501-0160, the client may appeal that decision under the provisions of WAC 182-501-1165.

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
Nondurable Medical Supplies and Equipment

- 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 health care providers (e.g., hospitals, physicians), for self-care home monitoring, or emergency response systems and services (refer to the Aging and Long-Term Services COPES program or the agency’s outpatient hospital program for emergency response systems and services)
  - Two-way radios
  - Rental of related equipment or services
  - 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, 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
Nondurable Medical Supplies and Equipment

 ✓ 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
   ✓ Automatic blood pressure monitor

 • Transcutaneous electrical nerve stimulation (TENS) devices and supplies, including battery chargers

 • 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
Nondurable Medical Supplies and Equipment

- 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
  - Weight scales

- Bedding items:
  - Blankets
  - Bumper pads
  - Mattress covers/bags
  - Mattress pads
  - Pillow cases/covers
  - Pillows
  - Sheets

- Bedside items as follows:
  - Bed trays
  - Carafes
  - Over-the-bed tables
Nondurable Medical Supplies and Equipment

- 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
  - 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
  - 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
Nondurable Medical Supplies and Equipment

- Page turners
- Radios and televisions
- Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services
- Toothettes and toothbrushes, waterpics, and periodontal 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:
  - 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
  - Decals
  - Replacement key or extra key
  - 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 provider guide under the provisions of WAC 182-501-0165. (See WAC 182-543-0500(2)).
Authorization

(WAC 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:

- This provider guide.
- Any applicable numbered memoranda.
- Chapter 182-501 WAC, chapter 182-502 WAC, and chapter 182-543 WAC.
- When the clinical criteria required within this section are not met.

For PA, a provider must submit a written request to the agency as specified (see When does the agency require PA?).

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 in this guide.

For EPA, a provider must meet the clinically appropriate EPA criteria outlined within this provider guide. The appropriate EPA number must be used when the provider bills the agency. (See When is EPA Used?).

When a service requires authorization, the provider must properly request authorization in accordance with the agency’s rules and provider guides.

**Note:** The agency's authorization of service(s) does not 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 section 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. See WAC 182-502-0100(1)(c).

### When does the agency require prior authorization (PA)?
(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 guide.

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 manufacturer's name.
- The equipment model and serial number.
- A detailed description of the item.
- 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 equipment (MSE) that do not have assigned Healthcare Common Procedure Coding System (HCPCS) codes and are not listed in the agency’s provider guides. 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.
- 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 meets 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 MSE 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: See the agency ProviderOne Billing and Resource Guide and review the Prior Authorization (PA) chapter for more information on requesting authorization.

What is a limitation extension (LE)?
(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 this provider guide.

The agency evaluates requests for LE under the provisions of WAC 182-501-0169.
When is expedited prior authorization (EPA) used?
(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 this provider guide. 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 or 4 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 billing only one EPA or PA number on a paper CMS-1500 claim form, continue to list the 9-digit EPA number in field 23 of the claim form.

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.
- Products for which the documented medical condition does not meet all of the specified criteria.
- 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: See the agency’s ProviderOne Billing and Resource Guide for more information on requesting authorization.
Washington State Expedited Prior Authorization Criteria Coding List

Miscellaneous Supplies

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>EPA Code</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| 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) Product is used for extra absorbency at nighttime only  
   b) When prescribed by a physician |
| A4927 | Additional gloves for clients who live in an assisted living facility | 1262 | 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  
   c) Brittle diabetic with blood sugar problems |

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 Resources Available section within this guide).
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.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>EPA Code</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4253</td>
<td>Blood glucose test strips and lancets for pregnant women with gestational diabetes 300 test strips/lancets per month for children through age 20</td>
<td>1263</td>
<td>Up to the quantity necessary to support testing as directed by their physician, up to 60 days post delivery</td>
</tr>
<tr>
<td>A4259</td>
<td>300 test strips/lancets per month for children through age 20</td>
<td>1265</td>
<td>100 over limit - for children only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0265</td>
<td>Pharmacy POS providers: Use EA number 85000000265</td>
</tr>
</tbody>
</table>
Billing and Claim Forms

What are the general billing requirements?

Providers must follow the agency’s ProviderOne Billing and Resource Guide. 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
- 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’s ProviderOne Billing and Resource Guide.
Third-party liability (TPL)

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’s ProviderOne Billing and Resource Guide.

Completing the CMS-1500 claim form

Note: Refer to the agency’s ProviderOne Billing and Resource Guide 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:

<table>
<thead>
<tr>
<th>Field No.</th>
<th>Name</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>24B</td>
<td>Place of Service</td>
<td>These are the only appropriate code(s) for this provider guide:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code                To Be Used For</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>
Reimbursement

What is the general reimbursement for MSE and related services?
(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
- 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
  - 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.

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

**What is the payment methodology for medical supplies and related services?**

(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
- Based on input from stakeholders or other relevant sources that the agency determines to be reliable and appropriate
- 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
  - 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. For clients residing in skilled nursing facilities. (See the Clients Residing in a Skilled Nursing Facility within this guide).

**Where is the fee schedule for MSE?**

See the Medical Supplies and Equipment Fee Schedule.