

Medicaid Purchasing Administration (MPA)



Nondurable Medical Supplies and Equipment (MSE) Billing Instructions

ProviderOne Readiness Edition

Chapter 388-543 WAC

About this Publication

This publication supersedes all previous Nondurable Medical Supplies and Equipment (MSE) publications published by the Washington State Department of Social & Health Services, Health and Recovery Services Administration. These billing instructions are for specific disposable/nonreusable supplies. The following programs have individual billing instructions:

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

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

Effective Date

The effective date of this publication is: **05/09/2010**.

2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

How Can I Get Department/MPA Provider Documents?

To download and print Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

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

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

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Base Year – The year of the data source used in calculating prices. [WAC 388-543-1000]

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

By Report (BR) – A method of reimbursement for covered items, procedures, and services for which the department has no set maximum allowable fees. [WAC 388-543-1000]

Date of Delivery – The date the client actually took physical possession of an item or equipment. [WAC 388-543-1000]

Disposable Supplies – Supplies that may be used once, or more than once, but are time limited. [WAC 388-543-1000]

Durable Medical Equipment (DME) – Equipment that:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in the client's place of residence. [WAC 388-543-1000]

Expedited Prior Authorization – The process for obtaining authorization for selected durable medical equipment, and related supplies, prosthetics, orthotics, medical supplies and related services, in which providers use a set of

numeric codes to indicate to the Department which acceptable indications/conditions/Department-defined criteria are applicable to a particular request for DME authorization. [WAC 388-543-1000]

Fee-for-Service – The general payment method the Department uses to reimburse for covered medical services provided to clients, except those services covered under the Department's prepaid managed care programs. [WAC 388-543-1000]

Health Care Financing Administration Common Procedure Coding System (HCPCS) – A coding system established by the Health Care Financing Administration to define services and procedures. [WAC 388-543-1000]

Limitation Extension – A process for requesting and approving covered services and reimbursement that exceeds a coverage limitation (quantity, frequency, or duration) set in WAC, billing instructions, or numbered memoranda. Limitation extensions require prior authorization. [WAC 388-543-1000]

Maximum Allowable - The maximum dollar amount that the Department will reimburse a provider for specific services, supplies, and equipment.

Medical Identification card(s) – See *Services Card*.

Medical Supplies – Supplies that are:

- Primarily and customarily used to service a medical purpose; and
- Generally not useful to a person in the absence of illness or injury.
[WAC 388-543-1000]

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Nonreusable Supplies – Supplies that are used only once and then are disposed of.
[WAC 388-543-1000]

Personal or Comfort Item – An item or service that primarily serves the comfort or convenience of the client.
[WAC 388-543-1000]

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 388-551-2010]

Prior Authorization – A process by which clients or providers must request and receive Department approval for certain medical equipment and related supplies, prosthetics, orthotics, medical supplies and related services, based on medical necessity, before the services are provided to clients, as a precondition for provider reimbursement. Expedited prior authorization and limitation extension are types of prior authorization. Also see WAC 388-501-0165.
[WAC 388-543-1000]

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

For example: 123456789WA.

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 388-543-1000]

Reusable Supplies – Supplies that are to be used more than once. [WAC 388-543-1000]

Services Card – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Usual and Customary Charge – The amount the provider typically charges to 50% or more of his or her non-Medicaid clients, including clients with other third-party coverage. [WAC 388-543-1000]

About the Program

What Is the Purpose of the Nondurable Medical Supplies and Equipment Program?

[Refer to WAC 388-543-1100 and 388-543-2800 (4)]

The Department of Social & Health Services' (the Department's) Nondurable Medical Supplies and Equipment (MSE) Program is designed to allow eligible Department clients to purchase medically necessary MSE that is not included in other reimbursements, such as inpatient hospital Diagnosis Related Group (DRG), nursing facility daily rate, Health Maintenance Organization (HMO), or managed health care programs. The federal government considers 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 Department may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

The Department categorizes MSE as follows (see section E, *Authorization* for further information about specific limitations and requirements for prior authorization and expedited prior authorization):

- Antiseptics and germicides;
- Bandages, dressing, and tapes;
- Blood monitoring/testing supplies;
- Braces, belts, and supportive devices;
- Decubitus care products;
- Ostomy supplies;
- Syringes and needles;
- Urological supplies (e.g., diapers, urinary retention catheters, pant liners, and doublers); and
- Miscellaneous supplies.

Which Providers May Be Reimbursed by the Department for Providing MSE? [Refer to WAC 388-543-1200]

- The Department requires a provider who supplies MSE and related services to a Department client to meet all of the following:
 - ✓ Have a core provider agreement with the Department;
 - ✓ Have the proper business license; and
 - ✓ Be certified, licensed and/or bonded if required, to perform the services billed to the Department.
- The Department may reimburse qualified providers for MSE, repairs, and related services on a fee-for-service (FFS) basis. The Department reimburses:
 - ✓ MSE providers for non-DME and related repair services;
 - ✓ Medical equipment dealers, pharmacies, and home health agencies under their medical vendor provider number for medical supplies, subject to the limitations in this billing instruction; and
 - ✓ Physicians who provide medical equipment and supplies in the physician's office. The Department may pay separately for medical supplies, subject to the provisions in the Department's Resource Based Relative Value Scale (RBRVS) fee schedule.
- The Department terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 388-502-0020.

What About MSE Provided in a Physician's Office? [Refer to WAC 388-543-3000]

The Department does not pay an MSE provider for medical supplies used in conjunction with a physician office visit. As stated in the RBRVS fee schedule, the Department pays the office physician for these supplies, when it is appropriate.

Client Eligibility

Who Is Eligible? [Refer to WAC 388-501-0060 and 0065]

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

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

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

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

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

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

The Department does not cover medical equipment and/or services provided to a client who is enrolled in a Department-contracted managed care plan, but did not use one of the plan's participating providers. [WAC 388-543-1400 (9)]

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

Primary Care Case Management (PCCM)

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

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

Coverage/Limitations

What Is Covered? [Refer to WAC 388-543-1100]

The Department of Social & Health Services (the Department) covers the following subject to the provisions of this billing instruction:

- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program; and
- Disposable/nonreusable supplies

Note: For a complete listing of covered medical equipment and related supplies, refer to the *Coverage Table*. Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by the Department.

What Are the General Conditions of Coverage?

The Department covers the services listed above only when all of the following apply. The services must be:

- Medically necessary (see *Definitions & Abbreviations* section). The provider or client must submit to the Department sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client’s disease, injury, impairment, or other ailment, and any changes in the client’s condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client’s ability to use the requested equipment, when applicable.
- Within the scope of an eligible client’s medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see section E, *Prior Authorization*);

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- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is being billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (MPA) Prescription Form, DSHS 13-794, to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
 - ✓ Be no older than one year from the date the prescriber signs the prescription; and
 - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.
- Billed to the department as the payer of last resort only. For example, the Department does not pay first and then collect from Medicare second.
 - Some medical supplies associated with the injection of insulin are covered through the Medicare Part D benefit. If you are unable to bill Part D, you will need to refer the client to a provider that can.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What Are Other Specific Conditions of Coverage?

- **Disposable/Nonreusable Supplies**

Most disposable/nonreusable supplies do not require prior approval; however, they must be medically necessary and the least costly alternative. When providers do not bill the least costly alternative, they must keep medical justification from the prescribing provider in their files to justify the more expensive item.

Note: Billing provisions are limited to a one-month supply only.

- For a complete list of program limitations, refer to the *Coverage Table*.
- Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. The Department does not allow them for incontinence.

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- **Clients Residing in a Nursing Facility**

The Department reimburses for supplies required for nursing facility resident care through the nursing facility fixed per diem rate except for the following, which are reimbursed separately:

- ✓ Supplies or services replacing all or parts of the function of a permanently impaired or malfunctioning internal body organ:
 - Colostomy (and other ostomy) bags and necessary supplies; and
 - Urinary retention catheters, tubes, and bags (does not include irrigation supplies);
- ✓ Supplies for intermittent catheterization programs (the catheter is inserted and removed each time the procedure is done); and
- ✓ Surgical dressings required as a result of a surgical procedure (does not include decubitus care). Allowed for up to six (6) weeks post surgery.

- **Disposable Incontinent Products [Refer to WAC 388-543-1150]**

Specifications

- ✓ **All** adult and children's diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields **must** meet the following specifications to be covered by the Department:
 - Padding provides uniform protection.
 - Product is hypoallergenic.
 - Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
 - All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
 - Product meets flammability requirements of both federal law and industry standards.

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In addition to the specifications on the preceding page, the following specifications **must** be met for each of the following types of products:

✓ ***Adult Briefs/Children's Diapers***

- Hourglass shaped with formed leg contours.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
- Inner lining is made of soft, absorbent material.

(Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ ***Pull-up Training Pants/Incontinent Pants***

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness, designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Pants should have a wetness indicator that clearly indicates degree of wetness.)

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- ✓ ***Underpads***
 - Absorbency layer is within 1½ inches from the edge of the underpad.
 - Manufactured with a waterproof backing material and withstands temperatures not to exceed 140° F.
 - Covering or facing sheet is made with non-woven, porous materials having a high degree of permeability allowing fluids to pass through and into absorbent filler. Patient contact surface is soft and durable. Filler material is highly absorbent: fluff filler, with polymers, heavy weight fluff filler or equivalent.
 - Four-ply, non-woven facing, sealed on all four sides.

- ✓ ***Liners/Shields (Including pads and undergarments)***
 - Product has channels to direct fluid throughout the absorbent area, **and** gathers to assist in controlling leakage, **and/or** is contoured to permit a more comfortable fit.
 - Product has a waterproof backing to protect clothing and linens.
 - Inner liner resists moisture return to skin.
 - Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
 - Undergarments may be belted or unbelted.
 - Undergarments are to be contoured for good fit, with three elastic gathers per leg.
 - Product has pressure sensitive tapes on reverse side to fasten to underwear.

Limitations:

Any exception to exceed the following limitations requires prior authorization:

- ✓ The monthly quantity limitation is a maximum allowance. The client is to receive only the amount medically necessary for one month.

- ✓ Disposable diapers or pants or rental of reusable diapers or pants are not allowed in combination with any other disposable diapers or pants or reusable diapers or pants with the following exception:
 - Modifier “59,” to designate daytime only usage may be used to allow a combination of diapers, pants, and liners. However, the quantity of the combined products is not to exceed the monthly limitation (200 for all age groups).

- ✓ Undergarments are to be billed as liners/pads, not diapers or incontinent pants.

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- ✓ Liners/pads will not be allowed in combination with any disposable diapers, pants or rental of reuseable diapers or pants with the following exception:

Modifier “59,” to designate daytime only usage may be used to allow a combination of liners, diapers, and pants. However, the quantity of the combined products is not to exceed the monthly limitation (200 for all age groups).

- ✓ Underpads are for use on client’s bed for incontinence protection only.
- ✓ Diaper doublers require prior authorization. Also see expedited prior authorization criteria in Section E.

What If a Service is Covered But Considered Experimental or Has Restrictions or Limitations? [WAC 388-543-1100 (3) and (4)]

- The Department 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 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- The Department 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 388-501-0165 (see Section E for limitation extensions).

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

[Refer to WAC 388-543-1100 (7)]

An interested party may request the Department to include new MSE in these billing instructions by sending a written request to the Department’s DME Authorization Unit (see *Important Contacts* section). Include all of the following:

- Manufacturer’s literature;
- Manufacturer’s pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

What Is Not Covered? [Refer to WAC 388-543-1300]

The Department specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Required as a result of an EPSDT screening;
- Included as part of a managed care plan service package;
- Included in a waived program; or
- Part of one of the Medicare programs for Qualified Medicare Beneficiaries.

The Department specifically excludes the following services and equipment from fee-for-service scope of coverage:

- Services, procedures, treatment, devices, drugs, or the application of associated services that the department of the Food and Drug Administration (FDA) and/or the Health Care Financing Administration (HCFA) consider investigative or experimental on the date the services are provided;
- Any service specifically excluded by statute;
- More costly services or equipment when the Department determines that less costly, equally effective services or equipment are available;
- Bilirubin lights, except as rentals, for at-home newborns with jaundice;
- Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;
- Medical equipment, supplies, and related services, including but not limited to, the following:
 - ✓ Electrical neural stimulation devices and supplies for in-home use, including battery chargers.

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- Non-medical equipment, supplies, and related services, including but not limited to, the following:
 - ✓ Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
 - ✓ Identification bracelets;
 - ✓ Instructional materials, such as pamphlets and videotapes;
 - ✓ Recreational equipment;
 - ✓ Room fresheners/deodorizers;
 - ✓ Sitz bath, bidet or hygiene systems, paraffin bath units, and shampoo rings;
 - ✓ Timers or electronic devices to turn things on or off;
 - ✓ Carpet cleaners/deodorizers, and/or pesticides/insecticides; or

- Personal and comfort items including, but not limited to, the following:
 - ✓ Bathroom items, such as antiperspirant, astringent, bath gel, conditioner, deodorant, moisturizers, mouthwash, powder, sanitary napkins (e.g., Kotex), shampoo, shaving cream, shower cap, shower curtains, soap, toothpaste, towels, and weight scales;
 - ✓ Bedding items, such as bed pads, blankets, mattress covers/bags, pillows, and sheets;
 - ✓ Bedside items, such as bed trays, carafes, and over-the-bed tables;
 - ✓ Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks;
 - ✓ Clothing protectors and other protective cloth furniture coverings as protection against incontinence;
 - ✓ Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, sun screens, and tanning;
 - ✓ Diverter valves for bathtub, hand held showers;
 - ✓ Eating/feeding utensils;
 - ✓ Emesis basins, enema bags, and diaper wipes;
 - ✓ Hot or cold temperature food and drink containers/holders;
 - ✓ Hot water bottles and cold/hot packs or pads;
 - ✓ Insect repellants;
 - ✓ Massage equipment;
 - ✓ Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See chapter 388-530 WAC;
 - ✓ Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
 - ✓ Sharps containers;
 - ✓ Page turners;
 - ✓ Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
 - ✓ Toothettes and toothbrushes, waterpics, and peridental devices whether manual, battery-operated, or electric.

Nondurable MSE Coverage Table

Syringes and Needles

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4206		Syringe with needle, sterile 1cc, each.	No	Included in nursing facility daily rate.
	A4207		Syringe with needle, sterile 2cc, each.	No	Included in nursing facility daily rate.
	A4208		Syringe with needle, sterile 3cc, each.	No	Included in nursing facility daily rate.
	A4209		Syringe with needle, sterile 5cc or greater, each.	No	Included in nursing facility daily rate.
	A4210		Needle free injection device, each.	No	Included in nursing facility daily rate.
#	A4211		Supplies for self-administered injections.		
	A4215		Needle, sterile, any size, each.	No	Included in nursing facility daily rate.
	A4322		Irrigation syringe, bulb or piston, each.	No	Included in nursing facility daily rate. Not allowed in combination

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

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					with code A4320, A4355.

Blood Monitoring/Testing Supplies

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

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

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.10 -

Nondurable MSE Coverage Table

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

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

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.11 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Antiseptics and Germicides

	A4244		Alcohol or peroxide, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.
	A4245		Alcohol wipes, per box (of 200).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
	A4246		Betadine or pHisoHex solution, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.

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

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

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RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4247		Betadine or iodine swabs/wipes, per box (of 100).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
#	A4248		Chlorhexidine containing antiseptic 1 ml.		

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

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NU – Purchase

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Bandages, Dressings, and Tapes

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6154		Wound pouch, each.	No	
	A6196		Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing.	No	
	A6197		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6198		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in, each dressing.	No	
	A6199		Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches.	No	
	A6203		Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6204		Composite dressing, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	No	
	A6205		Composite dressing, sterile, pad size more than 48 sq. in. with any size adhesive border,	No	

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KX – Insulin Dependent

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RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			each dressing.		
	A6206		Contact layer, sterile, 16 sq. in. or less, each dressing.	No	
	A6207		Contact layer, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6208		Contact layer, sterile, more than 48 sq. in., each dressing.	No	
	A6209		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6210		Foam dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6211		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6212		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	

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KX – Insulin Dependent

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KS – NonInsulin Dependent

RR – Rental

NU – Purchase

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RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6213		Foam dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6214		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6215		Foam dressing, wound filler, sterile, per gram.	No	
	A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6217		Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6219		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

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

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KS – NonInsulin Dependent

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- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6224		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6228		Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6229		Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6230		Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6231		Gauze, impregnated, hydrogel, for direct wound contact sterile, pad size 16 sq. in. or less, each dressing.	No	
	A6232		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each	No	

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RR – Rental

NU – Purchase

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- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			dressing.		
	A6233		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing.	No	
	A6234		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6235		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6236		Hydrocolloid dressing, wound cover sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6237		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6238		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any	No	

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Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			size adhesive border, each dressing.		
	A6239		Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6240		Hydrocolloid dressing, wound filler, paste, sterile, per fluid oz.	No	
	A6241		Hydrocolloid dressing, wound filler, dry form, sterile, per gram.	No	
	A6242		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6243		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6244		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	

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Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6245		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6246		Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6247		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6248		Hydrogel dressing, wound filler, sterile, gel, per fluid oz.	No	
#	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size.		
	A6251		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6252		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in.,	No	

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- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			without adhesive border, each dressing.		
	A6253		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6254		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6255		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6256		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6257		Transparent film, sterile, 16 sq. in. or less, each dressing.	No	
	A6258		Transparent film, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	

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Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6259		Transparent film, sterile, more than 48 sq. in., each dressing.	No	
	A6260		Wound cleaners, sterile, any type, any size (per ounce).	No	
	A6261		Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified.	Yes	
	A6262		Wound filler, dry form, sterile, per gram, not elsewhere classified.	Yes	
	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard.	No	
	A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6407		Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard.	No	

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- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A6413		Adhesive bandage, first-aid type, any size, each.		
	A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	No	
	A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	No	

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

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RR – Rental

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- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	No	
	A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	No	
	A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	No	
	A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	No	
	A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five	No	

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

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- Not Covered

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

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KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

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- Not Covered

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

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KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

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

KX – Insulin Dependent

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RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Ostomy Supplies

(Note: Items in This Category are not Taxable)

	A4361		Ostomy faceplate, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.
	A4362		Skin barrier, solid, four by four or equivalent, each.	No	For ostomy only.
	A4363		Ostomy clamp, any type, replacement only, each.		
	A4364		Adhesive; liquid, or equal, any type, per oz.	No	Maximum of 4 allowed per client per month. For ostomy or catheter.
	A4366		Ostomy vent, any type, each.	No	

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.33 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

RR – Rental
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, or A4382.
	A4384		Ostomy faceplate equivalent, silicone ring, each.	No	
	A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	No	
	A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 30 allowed per client per month.
	A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in	No	Maximum of 10 allowed per client per

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			convexity (1 piece), each.		month.
	A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	No	
	A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	No	
#	A4396		Ostomy belt with peristomal hernia support.		
	A4397		Irrigation supply; sleeve, each.	No	Maximum of one (1) allowed per client per month.
	A4398		Ostomy irrigation supply; bag, each.	No	Maximum of two (2) allowed per client every

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

KX – Insulin Dependent

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KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					6 months.
	A4399		Ostomy irrigation supply; cone/catheter, including brush.	No	Maximum of two (2) allowed per client every 6 months.
	A4400		Ostomy irrigation set.	No	Maximum of two (2) allowed per client every 6 months.
	A4404		Ostomy ring, each.	No	Maximum of 10 allowed per client per month.
	A4405		Ostomy skin barrier, non-pectin based, paste, per ounce.	No	
	A4406		Ostomy skin barrier, pectin based, paste, per ounce.	No	
	A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	No	
	A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	No	

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	No	
	A4410		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4411		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	No	
	A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client every 30 days.
	A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client per month.
	A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each.	No	
	A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	No	

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.39 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each.	No	Maximum of 30 allowed per client per month.

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

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.41 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.43 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5061		Ostomy pouch, drainable; with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5062		Ostomy pouch, drainable; without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each.	No	Maximum of 20 allowed per client per month.
	A5071		Ostomy pouch, urinary, with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5072		Ostomy pouch, urinary, without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each.	No	Maximum of 20 allowed per client per month.
	A5081		Continent device; plug for continent stoma.	No	Maximum of 30 allowed per client per month.
	A5082		Continent device; catheter for continent stoma.	No	Maximum of one (1) allowed per client per

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.44 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					month.

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

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

RR – Rental
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.46 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Urological Supplies

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

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

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

RR – Rental
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

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

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

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

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

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

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

RR – Rental
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.
	A4320		Irrigation tray with bulb or piston syringe, any purpose.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.
#	A4321		Therapeutic agent for urinary catheter irrigation.		
	A4326		Male external catheter specialty type with integral collection chamber, each.	No	Maximum of 60 allowed per client per month.

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.50 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					Included in nursing facility daily rate.
	A4327		Female external urinary collection device; metal cup, each.	No	Included in nursing facility daily rate.
	A4328		Female external urinary collection device; pouch, each.	No	Included in nursing facility daily rate.
	A4330		Perianal fecal collection pouch with adhesive, each.	No	Included in nursing facility daily rate.
	A4331		Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each.	No	Included in nursing facility daily rate.
	A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each.	No	Included in nursing facility daily rate.
	A4333		Urinary catheter anchoring device, adhesive skin attachment, each.	No	Included in nursing facility daily rate.
	A4334		Urinary catheter anchoring device, leg strap, each.	No	Included in nursing facility daily

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KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate.
	A4335		Incontinence supply; miscellaneous. [Diaper Doublers. Each].	Yes. See EPA criteria in Section E.	Included in nursing facility daily rate. (age 3 and up)
	A4336		Incontinence supply; urethral insert, any type, each	Yes	
	A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. No allowed in combination with code A4311 or A4314.
	A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate.

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.52 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4344		Indwelling catheter, Foley type, two-way, all silicone, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4312 or A4315.
	A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with code A4313 or A4316.
	A4349		Male external catheter, with or without adhesive, disposable, each.	No	Maximum allowable of 60 per client, per month. Included in nursing facility daily rate.

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

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

RR – Rental
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with code A4352 or A4353 .
	A4352		Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with code A4351 or A4353 .
	A4353		Intermittent urinary catheter, with insertion supplies.	Yes	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351, A4352, or A4354 .
	A4354		Insertion tray with drainage bag but without catheter.	Yes	Maximum of 120 allowed per client per

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.54 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4314, A4315, A4316, A4353, A4357-A4358, and A5112.
	A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.
	A4356		External urethral clamp or compression device (not to be used for catheter clamp), each.	No	Maximum of two (2) allowed per client per year. Included in nursing facility daily

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

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate.
	A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314- A4316 or A4354.
	A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113, A5114, A4354, or A5105.

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

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4360		Disposable external urethral clamp or compression device		Maximum of two (2) allowed per client per year.
	A4402		Lubricant, per oz.	No	Included in nursing facility daily rate. (For insertion of urinary catheters.)
	A4456		Adhesive remover, wipes, any type, each		Maximum of 50 units allowed per client per month.
	A4520		Incontinence garment, any type, (e.g. brief, diaper), each.	Yes	Included in nursing facility daily rate.
	A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each.	No	Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.
	A5105		Urinary suspensory; with leg bag, with or without tube.	No	Maximum of two (2) allowed per client per month. Included in

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

RR – Rental
NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5113	RA or RB	Leg strap; latex, replacement only, per set.	No	Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112.
	A5114	RA or RB	Leg strap; foam or fabric, replacement only, per set.	No	Included in nursing facility daily rate. Not allowed in combination with code A4358, A5105, or A5112.
	T4521		Adult sized disposable incontinence product, brief/diaper, small, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 20 and up. Maximum of 200 diapers purchased per client, per month. Included in nursing facility daily rate. * (recommend for waist sizes 24" –

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.59 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					modifier 59 is used to designate daytime only usage. (recommend for waist sizes 32" – 44")
	T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommended for waist sizes 45" – 58")
	T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month, per

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					month. 200 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. (recommended for waist sizes 56" – 64")

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.68 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					Included in nursing facility daily rate. *
	T4539	NU	Incontinence product, diaper/brief, reusable, any size, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate.
#	T4540		Incontinence product, protective underpad, reusable, chair size, each.		
	T4541		Incontinence product, disposable underpad, large, each.		For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	T4542		Incontinence product, disposable underpad, small size, each.		Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).
	T4543		Disposable incontinence product, brief/diaper, bariatric, each	Yes	Included in nursing facility daily rate. * (recommended for waist sizes 65" – 84")

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Braces, Belts, and Supportive Devices

#	A4490		Surgical stocking above knee length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. (Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair).
#	A4495		Surgical stocking thigh length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2

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

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

KX – Insulin Dependent	RR – Rental	RA – Replacement
P = Policy change	N=New	RB – Replacement as part of repair
KS – NonInsulin Dependent	NU – Purchase	# - Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					pair).
#	A4500		Surgical stocking below knee length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair).
#	A4510		Surgical stocking full length, each. (Pantyhose style).	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on a pair. 1 unit = 1 pair. Client is limited to 2 units, 2 pair,

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.74 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					per 6 months.
	A4565		Slings.		Included in nursing facility daily rate. Maximum of two (2) allowed per client per year.
	A4570		Splint.		Included in nursing facility daily rate. Maximum of one (1) allowed per client per year.
#	A4600		Sleeve for intermittent limb compression device, replacement only, Each.		
#	A6530		Gradient compression stocking, below knee, 18-30 MMHG, Each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6531		Gradient compression		Included in

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			stocking, below knee, 30-40 MMHG, Each.		nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6532		Gradient compression stocking, below knee, 40-50 MMHG, Each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6533		Gradient compression stocking, thigh length, 18-30 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6534		Gradient compression stocking, thigh length, 30-40 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					months.
#	A6535		Gradient compression stocking, thigh length, 40-50 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6536		Gradient compression stocking, full length/chap style, 18-30 MMHG, each.	Yes	Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.
#	A6537		Gradient compression stocking, full length/chap style, 30-40 MMHG, each.	Yes	Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					months.
#	A6538		Gradient compression stocking, full length/chap style, 40-50 MMHG, each.	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6539		Gradient compression stocking, waist length (pantyhose style), 18-30 MMHG, Each.	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6540		Gradient compression stocking, waist length, 30-40 MMHG, each. (pantyhose style)	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
#	A6541		Gradient compression stocking, waist length, 40-50 MMHG, each. (pantyhose style)	Yes	Included in nursing facility daily rate.

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.78 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					Maximum of 2 pair allowed per client per 6 months.
#	A6544		Gradient compression stocking, garter belt.	Yes	Included in nursing facility daily rate.
	A6545		Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, each		
#	A6549		Gradient compression stocking, not otherwise specified.	Yes	Included in nursing facility daily rate.
#	A9283		Foot pressure off loading/supportive device, any type, each.		
	E0942		Cervical head harness/halter.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0944		Pelvic belt/harness/boot.	No	Maximum of one (1) allowed per client per

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.79 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					year. Included in nursing facility daily rate.
	E0945		Extremity belt/harness.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.80 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Decubitus Care Products

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

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

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

RR – Rental
 N=New
 NU – Purchase

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

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Miscellaneous Supplies

#	A4250		Urine test or reagent strips or tablets (100 tablets or strips).	No	
#	A4265		Paraffin, per pound.	No	
#	A4281		Tubing for breast pump, replacement.	No	
#	A4282		Adapter for breast pump, replacement.	No	
#	A4283		Cap for breast pump bottle, replacement.	No	
#	A4284		Breast shield and splash protector for use with breast pump, replacement.	No	
#	A4285		Polycarbonate bottle for use with breast pump, replacement.	No	
#	A4286		Locking ring for breast pump, replacement.	No	
#	A4290		Sacral nerve stimulation test lead, each.		
#	A4458		Enema bag with tubing, reusable.		
#	A4559		Coupling gel/paste, for use with ultrasound device, per ounce.		

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.82 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

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

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.83 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4930		Gloves, sterile, per pair.	Limit 30 per month	Included in nursing facility daily rate and in Home Health Care rate.
#	A4931		Oral thermometer, reusable, any type, each.		
#	A4932		Rectal thermometer, reusable, any type, each.		
#	A6000		Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.		
	A6410		Eye pad, sterile, each.		Maximum of 20 allowed per client per month. Included in nursing facility daily rate.
	A6411		Eye pad, non-sterile, each.		Maximum of 1 allowed per client per month. Included in nursing facility daily rate.
#	A6412		Eye patch, occlusive, each.		

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.84 -

Nondurable MSE Coverage Table

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A9180		Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.		For use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year. Includes comb. Included in nursing facility daily rate.
	T5999		Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.)	Yes	
	S8265		Haberman feeder for cleft lip/palate.		

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

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

N=New

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

Changes are Highlighted

- D.85 -

Nondurable MSE Coverage Table

Authorization

What Is Prior Authorization?

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

Which Items and Services Require Prior Authorization?

[Refer to WAC 388-543-1600 and 2800]

The Department bases its determination about which MSE and related services require PA or EPA on utilization criteria. The Department considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

The Department requires providers to obtain PA for the following:

- Certain By Report (BR) MSE as specified in these billing instructions;
- Blood glucose monitors requiring special features;
- Decubitus care products and supplies;
- Other MSE not specifically listed in these billing instructions and submitted as a miscellaneous procedure code; and
- Limitation extensions.

The Department requires providers to obtain PA for items and services when the client fails to meet the expedited prior authorization criteria in these billing instructions.

General Policies for Prior Authorization

[Refer to WAC 388-543-1800]

- For PA requests, the Department 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 Department does not accept general standards of care or industry standards for generalized equipment as justification.
- When the Department receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date the Department receives the request.
- All written prior authorization requests must have a valid prescription attached.
- The prescription must be written by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is being billed for co-pay and/or deductible only.

The prescriber must use the Health and Recovery Services Administration (MPA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

Note: Effective March 1, 2008, the Department began enforcing the requirement of the prescription form for all new prescriptions in accordance with WAC 388-543-1100(1).

Also note for prescriptions:

- ✓ Prescriber's signature must have credentials and currently we do not accept stamped or electronic signatures.
- ✓ They should be legible.
- ✓ The signature date is the valid date of the prescription.
- ✓ For a new request, prescriptions can be no older than 90 days.
- ✓ For extensions – prescription must be less than 1 year old.

Nondurable Medical Supplies and Equipment

- The Department requires certain information from providers in order to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:
 - ✓ The manufacturer's name;
 - ✓ The equipment model and serial number;
 - ✓ A detailed description of the item; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

- The Department authorizes BR items that require PA and are listed in the *Fee Schedule* only if medical necessity is established and the provider furnishes all of the following information to the Department:
 - ✓ A detailed description of the item or service to be provided;
 - ✓ The cost or charge for the item;
 - ✓ A copy of the manufacturer's invoice, price list or catalog with the product description for the item being provided; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.

- **Required Forms:**
 - ✓ #13-870 MPA **Limitation Extension Request for Incontinent Supplies.**
 - ✓ #13-871 MPA **Exception to Rule: Compression Garments.**
 - ✓ #13-866 MPA **Limitation Extension Request: Diabetes Supplies.**

- Non Required Forms (can be submitted to provide the medical evidence necessary to make a decision):
 - ✓ Medical Necessity for Catheters over allowed limit use: DSHS 13-760;
 - ✓ Other DME use: DSHS 13-831;
 - ✓ All of these forms can be found at the following link:
<http://www.dshs.wa.gov/msa/forms/eforms.html>
 - ✓ All forms must be complete (no blanks) and must be signed by the clinician to include their credentials.

- If a letter of medical necessity is obtained for the services provided please remember:
 - ✓ Letter must be signed and dated by the clinician (to include credentials).
 - ✓ If using chart notes, they must be signed and dated by the clinician (to include credentials).
 - ✓ Letter should include client specific justification for the service and all related accessories/items.
 - ✓ The prescription must be dated prior to the letter of medical necessity (LMN) and/or chart notes used as a LMN.
 - ✓ There should be documentation of tried and failed less costly alternatives.

Nondurable Medical Supplies and Equipment

- A provider may resubmit a request for PA for an item or service that the Department has denied. The Department requires the provider to include new documentation that is relevant to the request.
- If a provider does not obtain prior authorization, the Department will deny the billing, and the client must not be held financially responsible for the service.

Note: All written requests for prior authorization must be submitted to the Department on a **General Information for Authorization form, DSHS 13-835**, with the date of service left blank and a copy of the prescription attached.

What Is Expedited Prior Authorization for MSE?

The expedited prior authorization process (EPA) is designed to eliminate the need for written and telephonic requests for prior authorization for selected MSE procedure codes. DSHS allows payment during a continuous 12-month period for this process.

To bill DSHS for MSE that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number of the product and documented medical condition that meets the EPA criteria. Enter the EPA number on the 1500 Claim Form in the **Authorization Number** field or in the **Authorization** or **Comments** field when billing electronically. 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 claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726

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

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

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

- Other MSE requiring prior authorization through the Durable Medical Equipment program;
- Products for which the documented medical condition does not meet **all** of the specified criteria; or
- Over-limitation requests.

Nondurable Medical Supplies and Equipment

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

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

Washington State Expedited Prior Authorization Criteria Coding List

Miscellaneous Supplies

Note: The following pertains to 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 Department (see the *Important Contacts* section).
2. It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days.
3. For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required.
4. Must have a valid physician prescription as described in WAC 388-543-1100(d))
5. Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including **all** of the specified criteria) must be documented in the client's file.
6. You may bill for only one procedure code, per client, per month.

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

Nondurable Medical Supplies and Equipment

Procedure Code	Description	EPA Code	Criteria
A4253 A4259	Blood glucose test strips and lancets for pregnant women with gestational diabetes	1263	Up to the quantity necessary to support testing as directed by their physician, up to 60 days post delivery.

Reimbursement

Reimbursement for MSE and Related Services

[Refer to WAC 388-543-1400 (1) (3) (5) and WAC 388-543-2900 (3) (4)]

- The Department reimburses a qualified provider who serves fee-for-service (FFS) clients only when all of the following apply:
 - ✓ The provider meets all of the conditions in WAC 388-502-0100; and
 - ✓ The Department does not include the item/service for which the provider is requesting reimbursement in other reimbursements. Other reimbursements include, but are not limited to, the following:
 - Hospice providers' per diem reimbursement;
 - Hospital's diagnosis related group (DRG) reimbursement;
 - Managed care plans' capitation rate; and
 - Nursing facilities' per diem rate.
- The Department's nursing facility per diem rate includes any reusable and disposable medical supplies that may be required for a nursing facility client. The Department may reimburse the following medical supplies separately for a client in a nursing facility:
 - ✓ 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
 - Urinary retention catheters, tubes, and bags, excluding irrigation supplies;
 - ✓ Supplies for intermittent catheterization programs, for the following purposes:
 - Long term treatment of atonic bladder with a large capacity; and
 - Short term management for temporary bladder atony; and
 - Surgical dressings required as a result of a surgical procedure, for up to six weeks after surgery.
- The Department considers decubitus care products to be included in the nursing facility per diem rate and does not reimburse for these separately.

Nondurable Medical Supplies and Equipment

- The Department may adopt policies, procedure codes, and/or rates that are inconsistent with those set by Medicare if the Department determines that such actions are in the best interest of its clients.
- A provider must not bill the Department for the purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.

When Does the Department Not Reimburse Under Fee-for-Service? [WAC 388-543-1100 (5)]

The Department does not reimburse for MSE and labor charges under FFS when the client is any of the following:

- An inpatient hospital client;
- Eligible for both Medicare and Medicaid, and is staying in a nursing facility in lieu of hospitalization;
- Terminally ill and receiving hospice care; or
- Enrolled in a risk-based managed care plan that includes coverage for such items and/or services.

Fee Schedule

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

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/MPA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Third-party liability; and
- Record keeping requirements.

Billing for Clients Eligible for Both Medicare and Medicaid

Medicare Part D

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

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

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

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

Third-Party Liability

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

Completing the CMS-1500 Claim Form

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

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

Field No.	Name	Entry														
24B	Place of Service	<p>These are the only appropriate code(s) for this billing instruction:</p> <table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td>12</td> <td>Client's residence</td> </tr> <tr> <td>13</td> <td>Assisted living facility</td> </tr> <tr> <td>14</td> <td>Group Home</td> </tr> <tr> <td>32</td> <td>Nursing facility</td> </tr> <tr> <td>31</td> <td>Skilled nursing facility</td> </tr> <tr> <td>99</td> <td>Other</td> </tr> </tbody> </table>	<u>Code</u>	<u>To Be Used For</u>	12	Client's residence	13	Assisted living facility	14	Group Home	32	Nursing facility	31	Skilled nursing facility	99	Other
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Appendix

Reimbursement Methodology for MSE [Refer to WAC 388-543-1400 (4) and WAC 388-543-2900 (1) (2)]

- The Department determines rates for each category of MSE using either the:
 - ✓ Medicare fee schedule; or
 - ✓ Manufacturer's catalogs and commercial databases for price comparisons.

- The Department evaluates and updates the maximum allowable fees for MSE as follows:
 - ✓ The Department sets the maximum allowable fees for new MSE using one of the following:
 - Medicare's fee schedule; or
 - For those items without a Medicare fee, commercial databases to identify brands to make up the Department's pricing cluster. The Department establishes the fee for products in the pricing cluster by using the lesser of either:
 - ⇒ 85% of the average manufacturer's list price; or
 - ⇒ 125% percent of the average dealer cost.
 - ✓ All the brands for which the Department obtains pricing information make up the Department's pricing cluster. However, the Department may limit the number of brands included in the pricing cluster if doing so is in the best interests of its clients. The Department considers all of the following:
 - A client's medical needs;
 - Product quality;
 - Cost; and
 - Available alternatives.

- The Department updates the maximum allowable fees for MSE no more than once per year, unless otherwise directed by the legislature. The Department may update the rates for different categories of medical equipment at different times during the year.