

**NEW YORK STATE  
MEDICAID PROGRAM**

**PHARMACY**

**PROCEDURE CODES**

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## OTC/SUPPLY CODES

### 4.0 GENERAL INFORMATION AND INSTRUCTIONS

1. Prior approval, dispensing validation, and prior authorization:
  - a. “\_\_\_\_\_” underlined code numbers indicate that prior approval is required, utilizing form eMedNY 361501.
  - b. When the description is preceded by a “#”, Medicaid Eligibility Verification System (MEVS) dispensing validation is required.
  - c. When the description is preceded by a “\*”, voice interactive telephone prior authorization is required. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.
  
2. Where the letters “PA” appear in the price column, the actual price must be determined at the time of prior approval.
  
3. MMIS Modifiers:
  - a. The modifier ‘DD’ is no longer in use, effective for dates of service on and after April 1, 2002.
  - b. The modifier ‘BO’, Orally administered enteral nutrition, must be added to the five-digit alph-numeric code as indicated, effective April 1, 2003.
  
4. Unlisted/By Report Items:
  - a. Reimbursement for unlisted Supply Items is limited to the lower of:
    - The actual acquisition cost (by invoice to the provider) plus 50%;or
    - The usual and customary charge to the general public.
  
  - b. Effective January 1, 2005, reimbursement for Enteral Therapy indicated By Report is limited to the lower of:
    - The actual acquisition cost (by invoice to the provider) plus 30%;or
    - The usual and customary price charged to the general public.

5. Reimbursement for Enteral Therapy, Parenteral Therapy, listed Non-prescription Drugs and Medical/Surgical Supplies is limited to the lower of:
  - The price as indicated in the New York State Fee Schedule; or
  - The usual and customary price charged to the general public.
6. See Section 4.5 for compounded prescription billing instructions.
7. **Acquisition cost** means the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations, mailing, shipping, handling, insurance costs or any sales tax.
8. For items listed in section **4.3 Medical/Surgical Supplies**, **the quantity listed is the maximum allowed per month**. If the fiscal order exceeds this amount, the provider must obtain prior approval.
9. **“BY REPORT” (BR)**: When billing “By Report”, appropriate documentation (e.g.: itemized invoice) indicating total cost of the item, and any other factors which may be pertinent, must be submitted with the claim.
10. **FILLING ORDERS**: An original fiscal order for Medical-Surgical Supplies may not be filled more than 60 days after it has been initiated by the ordering practitioner unless prior approval is required.

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
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4.1 ALLOWABLE NON-PRESCRIPTION DRUGS/OTC DRUGS

Non-prescription drugs included in the therapeutic categories listed in this section may be reimbursed in the New York State Medical Assistance Program; and as a reimbursement item of medical assistance shall be the lower of:

- (a) The provider's usual and customary price to the general public on the date of provision of service, but not to exceed the lower sale price, if any, in effect on that date; or
- (b) The maximum reimbursable price established and maintained as listed.

For non-prescription/OTC National Drug Codes (NDC's) refer to the New York State Medicaid Reimbursable Drug List (Microfiche). All non-prescription drugs may be refilled up to five times.

ANALGESIC AND ANTIPYRETIC

**Acetaminophen**

**Tablets**

80 mg	150
325 mg	500
500 mg	500

**Liquid**

600 ml

**Drops**

75 ml

**Suppositories**

120-125 mg	60
300-325 mg	60
600-650 mg	60

**Acetylsalicylic acid**

**Tablets 81 mg**

180

325 mg

500

**Tablets, enteric coated**

325 mg

500

Suppositories 300- 325 mg

60

650 mg

60

Tablets, buffered

500

**Ibuprofen**

Tablets 200 mg

500

Syrup 100 mg/5 ml

300

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
<u>ANTACID</u>	
<b>Aluminum hydroxide gel</b>	
<b>Suspension</b>	2400 ml
<b>Tablets</b>	500
<b>Aluminum hydroxide, magnesium trisilicate, alginic acid and sodium bicarbonate tablets</b>	500
<b>Aluminum hydroxide gel with magnesium hydroxide or trisilicate and/or simethicone and/or other antacid preparations:</b>	
<b>Suspension</b>	1775 ml
<b>Tablets</b>	500
<b>Cimetidine</b>	
<b>Tablet 200mg</b>	500
<b>Suspension 200mg</b>	3550 ml
<b>Famotidine</b>	
<b>Tablet 10 mg</b>	500
<b>Tablet 20 mg</b>	360
<b>Chewable 10mg</b>	500
<b>with Calcium carbonate and/or Magnesium hydroxide and/or other antacid preparations 10 mg</b>	300
<b>Nizatidine tablet 75mg</b>	360
<b>Omeprazole Mag tablet 20mg</b>	84
<b>Ranitidine</b>	
<b>Tablet 75mg</b>	500
<b>Tablet 150mg</b>	360
<b>Sodium bicarbonate tablets 650 mg</b>	500
<u>ANTI-DIARRHEAL</u>	
<b>Attapulgate suspension</b>	1775 ml
<b>Loperamide HC1 liquid 1 mg/5 ml</b>	600
<b>Polycarbophil tablets 500 mg</b>	500 ml
<b>Bismuth Subsalicylate</b>	
<b>Tablets 262 mg</b>	500
<b>Liquid 262 mg/15 ml</b>	2400 ml
<u>ANTIHISTAMINE</u>	
<b>Brompheniramine tablets 4 mg 24's</b>	24
<b>Brompheniramine tablets 4 mg</b>	500
<b>Chlorpheniramine tablets 4 mg 24's</b>	24
<b>Chlorpheniramine tablets 4 mg</b>	500
<b>Diphenhydramine capsules 25 mg</b>	500
<b>Liquid 12.5 mg/5 ml</b>	600 ml

Pharmacy Fee Schedule

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
<b>Loratadine tablet</b> 10 mg	100
<b>Loratadine/P-ephedrine 12 hour</b>	60
<b>Loratadine/P-ephedrine 24 hour</b>	30
<b>Loratadine Syrup</b>	960 ml
 <u>ANTI-VERTIGO</u>	
<b>Dimenhydrinate tablets 50 mg 12's</b>	12
<b>Dimenhydrinate tablets 50 mg</b>	500
 <u>ARTIFICIAL TEARS AND OCCULAR/ORAL LUBRICANTS</u>	
<b>Lubricant ophthalmic ointment</b>	18 G
<b>Artificial tears ml/UD</b>	75 ml
<b>Saliva substitute</b> (squeeze or spray sol)	900 ml
<b>Sodium chloride ophthalmic</b>	
<b>Ointment 5%</b>	18 G
<b>Solution 2%</b>	75 ml
<b>5%</b>	75 ml
 <u>CARDIOVASCULAR</u>	
<b>Nicotinic acid tablets</b>	
50 mg	500
100 mg	500
500 mg	500
 <u>CHRONIC RENAL DISEASE</u>	
<b>Calcium tablets</b> (500 mg elemental Ca) 1.25 G	300
<b>Basic aluminum carbonate gel</b>	
<b>Capsules</b> 400-600 mg	500
<b>Tablets</b> 300-600 mg	2500
<b>Suspension</b> 400-600 mg/5 ml	1775 ml
<b>Calcium carbonate/simethicone</b>	150
6.5 G/0.5 G (7 G) packets	
 <u>COUGH AND COLD</u>	
<b>Phenylephrine HC1 Nasal Solution</b> 1/8%	150 ml
<b>Guaifenesin syrup</b> 120 ml	120 ml
<b>Guaifenesin syrup</b>	1185 ml
<b>Guaifenesin w/decongestant and/or antitussive drops</b>	150 ml
<b>Guaifenesin capsules/tablets</b> 600 mg	120
<b>Non-Narcotic antitussants and/or antihistamine and/or expectorant and/or decongestant and/or combination syrup</b> 120 ml	120 ml

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
Non-Narcotic antitussants and/or antihistamine and/or expectorant and/or decongestant and/or combination syrup	1185 ml
Antihistamine and decongestant syrup	600 ml
Oxymetazoline HC1 nasal solution	150 ml
Non-Narcotic antitussants and/or upper respiratory combinations of antihistamines and decongestant tabs and caps	120
Decongestant syrup	600 ml
Decongestant tablets 30 mg	120
Sodium chloride nasal drops/spray 0.4 – 0.9%	250 ml
<u>DERMATOLOGICAL</u>	
Aluminum acetate conc. Sol	2365 ml
Bacitracin ointment	150 G
Benzoyl peroxide	
Gel 5%	225 G
10%	225 G
Lotion 5%	300 ml
10%	300 ml
Hydrocortisone cream 1%	150 G
Ointment 1%	150 G
Lotion 1%	300 ml
Neomycin ointment	150 G
Tolnaftate Cream/Gel 1%	75 G
Powder 1%	225 G
Solution 1%	50 ml
Antifungal vaginal cream w/applicator	45 G
Antifungal vaginal suppositories	7
<u>EMETICS</u>	
Ipecac syrup	50 ml
<u>FAMILY PLANNING</u> (See Section 4.3)	
Contraceptive suppositories	60
Contraceptive jelly kit w/applicator	114 G
Contraceptive jelly	570 G
Contraceptive cream	575 G
Jelly disposable applicator	50
Contraceptive foam kit small	200 G
Contraceptive foam kit	450 G

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
<u>FECAL SOFTENER AND LAXATIVE</u>	
<b>Milk of Magnesia Suspension</b>	2365 ml
<b>Tablets</b>	500
<b>Heavy mineral oil</b>	2365 ml
<b>Docusate potassium or sodium</b>	
<b>Capsules 100 mg</b>	500
<b>Syrup 20 mg/5 ml</b>	2365 ml
<b>Solution 10 mg/ml</b>	600 ml
<b>Bisacodyl suppositories 10 mg 12's</b>	12
<b>Bisacodyl suppositories 10 mg</b>	250
<b>Bisacodyl tablets, delayed release 5 mg</b>	500
<b>Bulk laxatives, psyllium and/or methylcellulose, karaya gum, combinations, etc.</b>	2400 G
<b>Barium enema prep kit</b>	5
<b>Senna tablets</b>	500
<b>Sugar-free psyllium powder</b>	1500 G
<b>Polycarbophil tablets 500 mg</b>	500
<b>Disposable enema</b>	6750 ml
<b>Disposable enema, docusate sodium</b>	3000 ml
<b>Carbon dioxide releasing suppository</b>	50
<u>HEMATINIC</u>	
<b>Ferrous Salts tablets 300 - 325 mg</b>	500
<b>Liquid</b>	2365 ml
<b>Drops</b>	250 ml
<b>Polysaccharide Iron Complex 150mg</b>	500
<b>Polysaccharide Iron Complex 150mg w/Vitamin-Min</b>	500
<u>INSULIN</u>	
The maximum fees for insulin are adjusted periodically by the State to reflect the current cost. Refer to the New York State Department of Health List of Medicaid Reimbursable Drugs.	
<u>INSULIN INJECTION USP</u>	
<b>Insulin inj. beef &amp; pork U-100</b>	50 ml
<b>Insulin inj. pork ultra U-100 purified</b>	50 ml
<u>INSULIN SUSPENSION, ISOPHANE USP</u>	
<b>Isophane beef &amp; pork U-100</b>	50 ml
<b>Isophane pork ultra purified U-100</b>	50 ml

Pharmacy Fee Schedule

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<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
<u>INSULIN ZINC SUSPENSION USP: ALL (PROMPT, EXTENDED, INTERMEDIATE)</u>	
<b>Zinc susp. beef &amp; pork U-100</b>	50 ml
<b>Zinc susp. pork ultra U-100 purified</b>	50 ml
<u>INSULIN, BIOSYNTHETIC HUMAN</u>	
<b>Insulin injection U-100</b>	50 ml
<b>Insulin suspension, isophane U-100</b>	50 ml
<b>Insulin zinc suspension 70%/30%</b>	50 ml
<b>Insulin isophane suspension 50% &amp; insulin injection 50%</b>	50 ml
<b>Insulin injection U-100</b>	
3 ml Cartridge	45 ml
1.5 ml Cartridge	45 ml
<b>Insulin suspension, isophane U-100</b>	
3 ml Cartridge	45 ml
1.5 ml Cartridge	45 ml
<b>Insulin suspension isophane 70% with insulin injection 30% U-100</b>	
3 ml Cartridge	45 ml
1.5 ml Cartridge	45 ml
<u>PEDICULOCIDE</u>	
<b>Pyrethrins (0.17 - 0.33%) w/piperonylbutoxide (2 - 4%) Liquid</b>	600 mg
<b>Permethrin creme rinse 1%</b>	300 mg
<u>SMOKING CESSATION AGENTS</u>	
<b>Transdermal Nicotine</b> 0-7 mg	30
8-15 mg	30
16 mg and above	30
<b>Nicotine Gum</b> 2 mg 108's and larger	540
48's and 50's	50
<b>Nicotine Gum</b> 4 mg 108's and larger	540
48's and 50's	50

<u>DESCRIPTION</u>	<u>MAXIMUM QUANTITY/MO</u>
<u>VITAMIN/MINERAL</u>	
<b>ACD drops Solution</b>	250 ml
<b>with Iron</b>	250 ml
<b>Multi-Vitamin Solution (drops)</b>	250 ml
<b>with Iron</b>	250 ml
<b>Capsules or Tablets</b>	500
<b>with minerals</b>	500
<b>Solution w/or w/o minerals</b> 240 ml	240 ml
<b>Solution w/or w/o minerals</b>	2365 ml
<b>Therapeutic vitamins, w/or w/o minerals,</b> <b>capsules or tablets</b>	500
<b>Prenatal vitamins capsules or tablets</b>	500
<b>Ascorbic Acid</b>	
100 mg	500
250 mg	500
500 mg	500
<b>Calcium w/ or w/o Vitamin D</b>	
500 mg	500
600 - 650 mg	500
<b>Pyridoxine HC1 tablets (Vitamin B6)</b>	
25 mg	500
50 mg	500
100 mg	500
<b>Thiamine HC1 tablets (Vitamin B1)</b>	
50 mg	500
100 mg	500
<b>Vitamin D2</b> 8000 IU/ml	300 ml
<b>Vitamin A</b> 10000 IU Capsules	500
<b>Magnesium tablets</b>	500
<u>UNCLASSIFIED</u>	
<b>Pediatric Electrolyte Sol, Oral</b>	5000 ml
<b>Glucose tablets</b>	60
<b>Glucose gel</b>	465 gm

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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## 4.2 ENTERAL AND PARENTERAL THERAPY

### ENTERAL FORMULAE AND ENTERAL SUPPLIES

Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes.

B4034	#Enteral feeding supply kit; syringe, per day	up to 30/mo
B4035	#Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036	#Enteral feeding supply kit; gravity fed, per day	up to 30/mo
B4081	#Nasogastric tubing with stylet	up to 1/mo
B4082	#Nasogastric tubing without stylet	up to 2/mo
B4083	#Stomach tube - Levine type	up to 2/mo
<b>B4087</b>	<b>#Gastrostomy/jejunostomy tube, standard, any material, any type, each</b>	up to 1/mo
<b>B4088</b>	<b>#Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</b> (for patients who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all inclusive rate This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated)	up to 1/3mo
B4100	#Food thickener, administered orally, per ounce	up to 180/mo

1. Enteral nutritional therapy is covered for nasogastric, jejunostomy or gastrostomy tube feeding or as a liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized (the inability to sustain oneself nutritionally by eating food) and the condition is one where enteral nutritional therapy is generally considered by the medical community as the treatment of choice to produce medical benefit. Medical necessity for enteral nutritional therapy must be substantiated by documented physical findings and/or laboratory data. The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized prescriber. It is the responsibility of the prescriber to maintain documentation in the recipient's record regarding the medical necessity for enteral nutritional therapy. Standard milk-based infant formulas are not reimbursable by Medicaid. Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.

2. The calculation for pricing enteral formula is as follows: Number of calories per can divided by 100 equals the number of caloric units per can.

3. Effective April 1, 2003, enteral formula requires voice interactive prior authorization, as indicated by the "\*" next to the code description. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.

**The NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at: <http://www.emedny.org/ProviderManuals/DME/communications.html>**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES (continued)</u>		
B4149	<b>*Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4150	<b>*Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4152	<b>*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4153	<b>*Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4154	<b>*Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4155	<b>*Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 300 caloric units/mo
<b>NOTE:</b> Products categorized under codes B4154, B4155, B4157, B4161 and B4162 are reimbursable using "By Report" rules when the charge is greater than the price listed.		
B4157	<b>*Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES (continued)</u>		
B4158	<b>*Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4159	<b>*Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4160	<b>*Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4161	<b>*Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
B4162	<b>*Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo
<u>B9998</u>	<b>Not otherwise classified enteral supplies (e.g., flavor packets, liquid vitamin E)</b>	
S8265	<b>#Haberman feeder for cleft lip/palate</b>	up to 2/month

PARENTERAL FORMULAE AND PARENTERAL SUPPLIES

B4164	<b>Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – home mix</b>	
B4168	<b>Parenteral nutrition solution; amino acid, 3.5%,(500 ml = 1 unit) – home mix</b>	
B4172	<b>Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – home mix</b>	
B4176	<b>Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – home mix</b>	
B4178	<b>Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – home mix</b>	
B4180	<b>Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) home mix</b>	

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>PARENTERAL FORMULAE AND PARENTERAL SUPPLIES (continued)</u>		
B4185	Parenteral nutrition solution, per 10 grams lipids	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein – premix	
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day	
<u>B4220</u>	Parenteral nutrition supply kit, premix, per day	
<u>B4222</u>	Parenteral nutrition supply kit, home mix, per day	
<u>B4224</u>	Parenteral nutrition administration kit, per day	
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – (Amirosyn RF, Nephramine, Renamine) – premix	
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – (Freamine HBC, Hepatamine) - premix	
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress – (branch chain amino acids) – premix	
<u>B9999</u>	Not otherwise classified parenteral supplies	

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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### 4.3 MEDICAL/SURGICAL SUPPLIES

#### ADHESIVE TAPE/REMOVER

A4450	<b>Tape, non-waterproof, per 18 square inches</b>	(up to 300)
A4452	<b>Tape, waterproof, per 18 square inches</b>	(up to 100)
A4455	<b>Adhesive remover or solvent (for tape, cement or other adhesive), per ounce</b>	(up to 40)

#### ANTISEPTICS

A4244	<b>Alcohol or peroxide, per pint</b>	(up to 5)
A4245	<b>Alcohol wipes, per box(100's)</b>	each (up to 5)
A4246	<b>Betadine or pHisoHex solution, per pint</b>	(up to 3)

#### BREAST PUMPS

E0602/E0603 include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.

E0602	<b>Breast pump, manual, any type</b>	each (up to 1)
E0603	<b>#Breast pump, electric (AC and/or DC), any type</b>	each (up to 1)

#### CANES/CRUTCHES/ACCESSORIES

A4635	<b>Underarm pad, crutch, replacement, each</b>	each (up to 2)
A4636	<b>Replacement, handgrip, cane, crutch or walker, each</b>	each (up to 2)
A4637	<b>Replacement, tip, cane, crutch, or walker, each</b>	each (up to 5)
E0100	<b>#Cane, includes canes of all materials, adjustable or fixed, with tip</b>	each (up to 1)
E0105	<b>#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)</b>	each (up to 1)
E0110	<b>Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (over 23" height, no rotation option)</b>	pair (up to 1)
E0111	<b>Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)</b>	each (up to 1)
E0112	<b>Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips</b>	pair (up to 1)
E0113	<b>Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip</b>	each (up to 1)
E0114	<b>Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips</b>	pair (up to 1)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0116	<b>Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each</b>	each (up to 1)
<u>INCONTINENCE APPLIANCES AND CARE SUPPLIES</u>		
A4310	<b>Insertion tray without drainage bag and without catheter (accessories only)</b>	each (up to 10)
A4311	<b>Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)</b>	each (up to 10)
A4314	<b>Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)</b>	each (up to 10)
A4320	<b>Irrigation tray with bulb or piston syringe, any purpose</b>	each (up to 30)
A4322	<b>Irrigation syringe, bulb or piston, each</b>	each (up to 50)
A4326	<b>Male external catheter with integral collection chamber, any type, each</b>	each (up to 2)
A4331	<b>Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each</b>	each (up to 5)
A4333	<b>Urinary catheter anchoring device, adhesive skin attachment, each</b>	each (up to 5)
A4334	<b>Urinary catheter anchoring device, leg strap, each</b>	each (up to 12)
<u>A4335</u>	<b>Incontinence supply; miscellaneous</b>	up to 1/month
A4338	<b>Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>	each (up to 10)
A4344	<b>Indwelling catheter, Foley type, two-way, all silicone</b>	each (up to 10)
A4346	<b>Indwelling catheter, Foley type, three-way for continuous irrigation, each</b>	each (up to 10)
A4349	<b>Male external catheter, with or without adhesive, disposable, each</b>	each (up to 60)
A4351	<b>Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>	each (up to 250)
<u>A4352</u>	<b>Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each (for self-catheterization)</b>	each (up to 250)
A4353	<b>Intermittent urinary catheter, with insertion supplies</b>	each (up to 60)
A4354	<b>Insertion tray with drainage bag but without catheter</b>	each (up to 30)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>EXTERNAL URINARY SUPPLIES</u>		
A4356	<b>External urethral clamp or compression device (not to be used for catheter clamp),each</b>	each (up to 1)
A4357	<b>Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each</b>	each (up to 10)
A4358	<b>Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each</b>	each (up to 30)
<u>OSTOMY SUPPLIES</u>		
A4361	<b>Ostomy faceplate, each</b>	each (up to 15)
A4362	<b>Skin barrier; solid 4x4 or equivalent, each</b>	each (up to 25)
A4363	<b>Ostomy clamp, any type, replacement only, each</b>	each (up to 5)
A4364	<b>Adhesive, liquid, or equal, any type, per ounce</b>	each (up to 20)
A4365	<b>Adhesive remover wipes, any type, per 50</b>	each (up to 1)
A4366	<b>Ostomy vent, any type, each</b>	each (up to 10)
A4367	<b>Ostomy belt, each</b>	each
A4368	<b>Ostomy filter, any type, each</b>	each (up to 40)
A4369	<b>Ostomy skin barrier, liquid (spray, brush, etc.), per oz</b>	each (up to 22)
A4371	<b>Ostomy skin barrier, powder, per oz</b>	each (up to 21)
A4372	<b>Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each</b>	each (up to 15)
A4373	<b>Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each</b>	each (up to 15)
A4376	<b>#Ostomy pouch, drainable, with faceplate attached, rubber, each</b>	each (up to 2)
A4377	<b>Ostomy pouch, drainable, for use on faceplate, plastic, ea</b>	each (up to 15)
A4378	<b>#Ostomy pouch, drainable, for use on faceplate, rubber, each</b>	each (up to 2)
A4379	<b>Ostomy pouch, urinary, with faceplate attached, plastic</b>	each (up to 15)
A4380	<b>#Ostomy pouch, urinary, with faceplate attached, rubber, ea</b>	each (up to 2)
A4381	<b>Ostomy pouch, urinary, for use on faceplate, plastic, each</b>	each (up to 10)
A4382	<b>Ostomy pouch, urinary, for use on faceplate, heavy plastic, each</b>	each (up to 15)
A4383	<b>#Ostomy pouch, urinary, for use on faceplate, rubber</b>	each (up to 2)
A4385	<b>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, ea</b>	each (up to 15)
A4387	<b>Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each</b>	each (up to 15)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>OSTOMY SUPPLIES (continued)</u>		
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	each (up to 15)
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	each (up to 8)
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	each (up to 60)
A4396	#Ostomy belt with peristomal hernia support	each (up to 2)
A4397	Ostomy irrigation supply; sleeve, each	each (up to 125)
A4398	Ostomy irrigation supply; bag, each	each (up to 125)
A4399	Ostomy irrigation supply; cone/catheter, including brush	each (up to 1)
A4400	Ostomy irrigation set	each (up to 30)
A4402	Lubricant, per ounce	(up to 20)
A4404	Ostomy ring, each	each (up to 15)
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	each (up to 18)
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	each (up to 18)
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)
A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	each (up to 10)
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	each (up to 10)
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	each (up to 10)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>OSTOMY SUPPLIES (continued)</u>		
A4412	<b>Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each</b> (used after ostomy surgery)	each (up to 15)
A4413	<b>Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each</b> (used after ostomy surgery)	each (up to 15)
A4414	<b>Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each</b>	each (up to 15)
A4415	<b>Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each</b>	each (up to 15)
A4416	<b>Ostomy pouch, closed, with barrier attached, with filter (one piece), each</b>	each (up to 15)
A4417	<b>Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each</b>	each (up to 15)
A4418	<b>Ostomy pouch, closed; without barrier attached, with filter (one piece), each</b>	each (up to 15)
A4419	<b>Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each</b>	each (up to 15)
A4420	<b>Ostomy pouch, closed; for use on barrier with locking flange (two piece), each</b>	each (up to 15)
<u>A4421</u>	<b>Ostomy supply; miscellaneous</b>	each (up to 15)
A4423	<b>Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each</b>	each (up to 15)
A4424	<b>Ostomy pouch, drainable, with barrier attached, with filter (one piece), each</b>	each (up to 15)
A4425	<b>Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each</b>	each (up to 15)
A4426	<b>Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each</b>	each (up to 15)
A4427	<b>Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each</b>	each (up to 15)
A4458	<b>#Enema bag with tubing, reusable</b>	each (up to 1)
A5051	<b>Pouch, closed; with barrier attached (1 piece), each</b>	each (up to 150)
A5052	<b>Pouch, closed; without barrier attached (1 piece), each</b>	each (up to 50)
A5053	<b>Pouch, closed; for use on faceplate, each</b>	each (up to 60)
A5054	<b>Pouch, closed; for use on barrier with flange (2 piece), each</b>	each (up to 150)
A5055	<b>Stoma cap</b>	each

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>OSTOMY SUPPLIES (continued)</u>		
A5061	<b>Pouch, drainable; with barrier attached (1 piece), each</b>	each (up to 150)
A5062	<b>Pouch, drainable; without barrier attached (1 piece), each</b>	each (up to 150)
A5063	<b>Pouch, drainable, for use on barrier with flange (2 piece system), each</b>	each (up to 50)
A5071	<b>Pouch, urinary; with barrier attached (1 piece), each</b>	each (up to 50)
A5072	<b>Pouch, urinary; without barrier attached (1 piece)each</b>	each (up to 50)
A5073	<b>Pouch, urinary; for use on barrier with flange (2 piece), each</b>	each (up to 100)
A5081	<b>Continent device; plug for continent stoma</b>	each (up to 5)
A5082	<b>Continent device; catheter for continent stoma</b>	each (up to 1)
A5093	<b>Ostomy accessory; convex insert</b>	each (up to 5)
<u>ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES</u>		
A5105	<b># Urinary suspensory; with or without leg bag, with or without tube, each</b>	each (up to 5)
A5112	<b>Urinary leg bag; latex</b>	each (up to 5)
A5113	<b>Leg strap; latex, replacement only, per set</b>	pair (up to 2 pair)
A5114	<b>Leg strap; foam or fabric, replacement only, per set</b>	pair (up to 2 pair)
A5120	<b>Skin barrier, wipes or swabs, each (only covered for ostomy patients for ostomy care)</b>	each (up to 100)
A5121	<b>Skin barrier; solid, 6x6 or equivalent, each</b>	each (up to 25)
A5122	<b>Skin barrier; solid, 8x8 or equivalent, each</b>	each (up to 25)
A5126	<b>Adhesive or non-adhesive; disc or foam pad</b>	each (up to 30)
A5131	<b>Appliance cleaner, incontinence and ostomy appliances, per 16 oz.</b>	each (up to 1)
A5200	<b>Percutaneous catheter/tube anchoring device, adhesive skin attachment</b>	each (up to 30)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>COMMODE ACCESSORIES</u>		
E0160	<b>#Sitz type bath, or equipment, portable, used with or without commode</b>	each (up to 1)
E0167	<b>#Pail or pan for use with commode chair</b>	each (up to 1)
E0275	<b>Bed pan, standard, metal or plastic</b>	each (up to 1)
E0276	<b>#Bed pan, fracture, metal or plastic</b>	each (up to 1)
E0325	<b>#Urinal; male, jug-type, any material</b>	each (up to 1)
E0326	<b>#Urinal; female, jug-type, any material</b>	each (up to 1)
<u>DIABETIC DIAGNOSTICS</u>		
A4233	<b>#Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 2)
A4234	<b>#Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 1)
A4235	<b>#Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 1)
A4250	<b>Urine test or reagent strips or tablets, (100 tablets or strips)</b>	each (up to 2)
A4253	<b>Blood glucose test or reagent strips for home blood glucose monitor, (visual also), per 50 strips</b>	50's (up to 5)
A4256	<b>#Normal, low and high calibrator solution/chips</b>	each (up to 1)
E0607	<b>#Home blood glucose monitor</b>	each (up to 1)
<u>E2100</u>	<b>Blood glucose monitor with integrated voice synthesizer</b>	each (up to 1)
A9275	<b>#Home glucose disposable monitor, includes test strips</b>	each (up to 2)

Disposable glucometers are reimbursable when the ordering practitioner documents in the patient's file one of these diagnoses or situations: person newly diagnosed with diabetes, diagnosed with gestational diabetes, diagnosed with Type 2 diabetes, in medical need of a treatment plan change from a traditional to disposable home glucometer, in medical need of an emergency replacement glucometer while awaiting prior approval of a traditional glucometer, or a child who requires testing in school. Disposable glucometers are not reimbursable as a back-up glucometer.

Medicaid payment is only available for either a traditional glucometer or a disposable glucometer. If a disposable glucometer is dispensed, no additional strips are reimbursable.

#### DIABETIC DAILY CARE

A4206	<b>Syringe with needle, sterile 1cc, each</b>	each (up to 200)
A4207	<b>Syringe with needle, sterile 2cc, each</b>	each (up to 200)
A4208	<b>Syringe with needle, sterile 3cc, each</b>	each (up to 200)

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>DIABETIC DAILY CARE (continued)</u>		
A4209	<b>Syringe with needle, sterile 5cc or greater, each</b>	each (up to 200)
<u>A4211</u>	<b>Supplies for self-administered injections</b> (limited to supplies not otherwise listed)	each
A4213	<b>Syringe, sterile, 20cc or greater, each</b>	each (up to 200)
A4215	<b>Needle, sterile, any size, each</b>	each (up to 200)
A4230	<b>#Infusion set for external insulin pump, non needle cannula type</b>	each (up to 30) (two month supply)
A4231	<b>#Infusion set for external insulin pump, needle type</b>	each (up to 24) (two-month supply)
A4232	<b>#Syringe with needle for external insulin pump, sterile, 3cc</b>	each (up to 30) (two month supply)
A4244	<b>Alcohol or peroxide, per pint</b>	(up to 5)
A4245	<b>Alcohol wipes, per box (100's)</b>	each (up to 5)
A4258	<b>Spring-powered device for lancet, each</b>	each (up to 2)
A4259	<b>Lancets, per box of 100</b>	each (up to 5)
<b>A4657</b>	<b>Syringe with or without needle, each (any size)</b>	each unit (up to 200 units per month)
S5560	<b>#Insulin delivery device, reusable pen; 1.5ml size</b>	up to 1
S5561	<b>#Insulin delivery device, reusable pen; 3ml size</b>	up to 1
S8490	<b>Insulin syringes (100 syringes, any size)</b> (low dose, 0.3cc – 0.5cc)	100's (up to 2)
<u>FAMILY PLANNING PRODUCTS (See Section 4.1)</u>		
A4266	<b>Diaphragm for contraceptive use</b> (kit, e.g., All Flex, Coil, Flat Spring)	each (up to 1)
A4267	<b>Contraceptive supply, condom, male, each</b>	each (up to 108)
A4268	<b>Contraceptive supply, condom, female, each</b>	each (up to 108)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>GLOVES</u>		
Gloves are reimbursable only when medically necessary for the recipient. Gloves are not reimbursable as personal protective equipment for employees or when included in a kit or tray (e.g., catheter or tracheostomy). Sterile gloves are only reimburseable when medically necessary.		
A4927	<b>#Gloves, non-sterile, per 100</b>	100's (up to 1)
A4930	<b>#Gloves, sterile, per pair</b>	pair, up to 30
<u>HEAT APPLICATION</u>		
E0210	<b>#Electric heat pad, standard</b>	each (up to 1)
E0215	<b>#Electric heat pad, moist</b>	each (up to 1)
E0220	<b>Hot water bottle</b>	each (up to 1)
E0238	<b>Non-electric heat pad, moist</b>	each (up to 1)
<u>SYNTHETIC SHEEP SKIN AND DECUBITUS CARE</u>		
E0188	<b>Synthetic sheepskin pad</b>	each (up to 1)
E0191	<b>Heel or elbow protector, each</b>	each (up to 5)
<u>MASTECTOMY CARE</u>		
L8000	<b>Breast prosthesis, mastectomy bra</b>	each (up to 5)
L8001	<b>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral</b>	each (up to 5)
L8002	<b>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral</b>	each (up to 5)
L8020	<b>Breast prosthesis, mastectomy form</b>	up to 2 (each side)
L8030	<b>Breast prosthesis, silicone or equal</b>	up to 2 (each side)
S8460	<b>Camisole, post-mastectomy</b>	each (up to 5)
<u>RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES</u>		
NOTE: Supplies/parts are for patient-owned equipment only		
<u>A4481</u>	<b>Tracheostoma filter, any type, any size, each</b> (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter)	each (up to 30)
A4605	<b>Tracheal suction catheter, closed system, each</b> (for mechanical ventilation patient)	each (up to 15)
A4614	<b>Peak expiratory flow meter, hand held</b>	each (up to 1)
A4615	<b>Cannula, nasal</b>	each (up to 4)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES (continued)</u>		
A4616	<b>Tubing, (oxygen), per foot</b> (for patient owned respiratory equipment)	each (up to 30)
A4619	<b>Face tent</b>	each (up to 4)
A4620	<b>Variable concentration mask</b>	each (up to 4)
A4623	<b>Tracheostomy, inner cannula</b>	each (up to 5)
A4624	<b>Tracheal suction catheter, any type, other than closed system, each</b> (tray)	each (up to 250)
A4625	<b>Tracheostomy care kit for new tracheostomy</b>	each (up to 90)
Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape, gauze roll and tracheostomy tube holder.		
A4626	<b>Tracheostomy cleaning brush</b>	each (up to 2)
A4628	<b>Oropharyngeal suction catheter, each</b> (e.g., Yankauer)	each (up to 5)
A4629	<b>Tracheostomy care kit for established tracheostomy</b>	each (up to 90)
Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape and tracheostomy tube holder.		
A7000	<b>Canister, disposable, used with suction pump, each</b>	each (up to 5)
A7002	<b>Tubing, used with suction pump, each</b> (suction connection tubes)	each (up to 30)
A7003	<b>Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable</b>	each (up to 2)
A7004	<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>	each (up to 5)
A7005	<b>#Administration set, with small volume non filtered pneumatic nebulizer, non-disposable</b>	each (up to 1)
A7007	<b>Large volume nebulizer, disposable, unfilled, used with aerosol compressor</b>	each (up to 5)
A7013	<b>Filter, disposable, used with aerosol compressor</b>	each (up to 5)
A7014	<b>Filter, non-disposable, used with aerosol compressor or ultrasonic generator</b>	each (up to 1)
A7015	<b>Aerosol mask, used with DME nebulizer</b>	each (up to 1)
A7038	<b>Filter, disposable, used with positive airway pressure device</b>	each (up to 5)
A7039	<b>Filter, nondisposable, used with positive airway pressure device</b>	each (up to 5)
A7523	<b>Tracheostomy shower protector, each</b>	each (up to 1)
A7525	<b>Tracheostomy mask, each</b>	each (up to 4)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES (continued)</u>		
E0605	<b>#Vaporizer, room type</b> (coverable for treatment of respiratory illness; warm or cool mist)	each (up to 1)
L8512	<b>Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10</b>	each (up to 9)
L8513	<b>Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each</b>	each (up to 6)
S8100	<b>#Holding chamber or spacer for use with an inhaler or nebulizer; without mask</b>	each (up to 2)
S8101	<b>#Holding chamber or spacer for use with an inhaler or nebulizer; with mask</b>	each (up to 2)
<u>S8189</u>	<b>Tracheostomy supply, not otherwise classified</b>	up to 1/month
<u>SUPPORT GOODS</u>		
A4463	<b>Surgical dressing holder, reusable, each</b>	each (up to 5)
A4495	<b>#Surgical stockings thigh length</b> (compression 18-35 mmHg)	each (up to 4)
A4500	<b>#Surgical stockings below knee length</b> (compression 18-35 mmHg)	each (up to 4)
A4510	<b>#Surgical stockings full length, each</b> (e.g., pregnancy support, compression 18-35 mmHg)	each (up to 2)
A4565	<b>Slings</b>	each (up to 1)
A4570	<b>Splint</b>	each
L0120	<b>Cervical, flexible, non-adjustable (foam collar)</b>	each (up to 1)
L1825	<b>Knee orthosis, elastic knee cap, prefabricated, including fitting and adjustment</b>	each (up to 2)
L1901	<b>Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)
L3701	<b>Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)
L3909	<b>Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)
L3911	<b>Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)
<u>THERMOMETERS</u>		
A4931	<b>Oral thermometer, reusable, any type, each</b>	each (up to 1)
A4932	<b>Rectal thermometer, reusable, any type, each</b>	each (up to 1)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>UNDERPADS/DIAPERS</u>		
Diapers and underpads are covered only when medical need may be demonstrated. Diapers will not be covered when incontinence occurs as part of the normal developmental process, i.e., under age three. <b>The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper dispensed, and may not bill multiple sizes for the same recipient.</b>		
A4335	<b>Incontinence supply; miscellaneous</b>	up to 1/month
A4554	<b>#Disposable underpads, all sizes, (e.g., Chux's)</b>	each (up to 300)
T4521	<b>#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")</b>	each (up to 250)
T4522	<b>#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")</b>	each (up to 250)
T4523	<b>#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")</b>	each (up to 250)
T4524	<b>#Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip 60"-62")</b>	each (up to 250)
<u>T4543</u>	<b>Disposable incontinence product, brief/diaper, bariatric, each (waist/hip &gt;62")</b>	each (up to 250)
T4529	<b>#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)</b>	each (up to 250)
T4530	<b>#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)</b>	each (up to 250)
T4533	<b>#Youth sized disposable incontinence product, brief/diaper, each (&gt;35 lbs)</b>	each (up to 250)
T4535	<b>#Disposable liner/shield/guard/pad/undergarment, for incontinence, each</b>	each (up to 250)
T4537	<b>#Incontinence product, protective underpad, reusable, bed size, each</b>	each (up to 3)
T4539	<b>#Incontinence product, diaper/brief, reusable, any size, each</b>	each (up to 5)
T4540	<b>#Incontinence product, protective underpad, reusable, chair size, each</b>	each (up to 3)

WOUND DRESSINGS

A6010	<b>#Collagen based wound filler, dry form, per gram of collagen</b>	up to 30
A6011	<b>#Collagen based wound filler, gel/paste, per gram of collagen</b>	up to 30
A6021	<b>#Collagen dressing, pad size 16 sq. in. or less, each</b>	up to 5

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>WOUND DRESSINGS (continued)</u>		
A6022	<b>#Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each</b>	up to 5
A6023	<b>#Collagen dressing, pad size more than 48 sq. in., each</b>	up to 5
A6024	<b>#Collagen dressing wound filler, per 6 inches</b>	up to 3
A6196	<b>Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing</b>	up to 30
A6197	<b>Alginate or other fiber gelling dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing</b>	up to 30
A6198	<b>Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing</b>	up to 15
A6199	<b>Alginate or other fiber gelling dressing, wound filler, per 6 inches</b>	up to 60
A6200	<b>Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing</b>	up to 30
A6201	<b>Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</b>	up to 30
A6203	<b>Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>	up to 30
A6204	<b>Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>	up to 30
A6205	<b>Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>	up to 15
A6206	<b>Contact layer, 16 sq. in., or less, each dressing</b>	up to 30
A6207	<b>Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing</b>	up to 30
A6208	<b>Contact layer, more than 48 sq. in., each dressing</b>	up to 15
A6209	<b>Foam dressing, wound cover, pad size 16 sq. in, or less, without adhesive border, each dressing</b>	up to 30
A6210	<b>Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</b>	up to 30
A6211	<b>Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>	up to 30
A6212	<b>Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>	up to 30
A6213	<b>Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>WOUND DRESSINGS (continued)</u>		
A6214	<b>Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>	up to 15
A6216	<b>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</b>	up to 120
A6217	<b>Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</b>	up to 120
A6218	<b>Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing</b>	up to 60
A6219	<b>Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>	up to 120
A6220	<b>Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>	up to 30
A6221	<b>Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>	up to 15
A6222	<b>Gauze, impregnated, other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing</b>	up to 30
A6223	<b>Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</b>	up to 60
A6224	<b>Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing</b>	up to 15
A6228	<b>Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing</b>	up to 30
A6229	<b>Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</b>	up to 30
A6230	<b>Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing</b>	up to 30
A6231	<b>Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing</b>	up to 30
A6232	<b>Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing</b>	up to 30
A6233	<b>Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing</b>	up to 30
A6234	<b>Hydrocolloid dressing, wound cover pad size 16 sq. in. or less, without adhesive border, each dressing</b>	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>WOUND DRESSINGS (continued)</u>		
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. without adhesive border, each dressing	up to 30
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6238	Hydrocolloid dressing, wo, pad size more than 16 but less than or equal to 48 und coversq. in. with any size adhesive border, each dressing	up to 30
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	up to 20
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	up to 25
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6243	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6246	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	up to 30
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>WOUND DRESSINGS (continued)</u>		
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6257	Transparent film, 16 sq. in. or less, each dressing	up to 30
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6259	Transparent film, more than 48 sq. in., each dressing	up to 30
<u>A6261</u>	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	up to 30
<u>A6262</u>	Wound filler, dry form, per gram, not elsewhere classified	up to 30
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	up to 30
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 180
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 120
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard	up to 30
A6410	Eye pad, sterile, each	up to 50
A6411	Eye pad, non-sterile, each	up to 50
A6412	Eye patch, occlusive, each	up to 30
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	up to 30
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	up to 120
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	up to 120
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 120
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 120
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	up to 120
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 120

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>WOUND DRESSINGS (continued)</u>		
A6448	Light compression bandage, elastic, knitted/ woven, width less than three inches, per yard	up to 90
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 90
A6450	Light compression bandage, elastic, knitted/ woven, width greater than or equal to five inches, per yard	up to 90
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	up to 90
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	up to 15
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	up to 30
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	up to 30
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	up to 30
A6456	Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 24
<u>VARIOUS MISCELLANEOUS</u>		
A4216	Sterile water, saline, and/or dextrose (diluent), 10ml	up to 120
A4217	Sterile water/saline, 500ml	up to 10
A4221	#Supplies for maintenance of drug infusion catheter, per week (list drug separately) (bill monthly)	each unit (up to 200 units per month)
Use for all supplies necessary for maintenance of drug infusion catheters and external pumps, and/or supplies necessary for the administration of drugs (except insulin) not otherwise listed in the fee schedule.		
<u>A4657</u>	Syringe with or without needle, each (any size)	each unit (up to 200 units per month)
<u>A4305</u>	Disposable drug delivery system, flow rate of 50ml or greater per hour	once/month

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>VARIOUS MISCELLANEOUS (continued)</u>		
<u>A4306</u>	<b>Disposable drug delivery system, flow rate of less than 50 ml per hour</b>	once/month
<u>A4649</u>	<b>Surgical supply; miscellaneous</b>	once/month
<u>A4660</u>	<b>#Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type</b>	up to 1
<u>A9999</u>	<b>Miscellaneous DME supply or accessory, not otherwise specified</b>	once/month
<u>E0710</u>	<b>Restraints, any type (body, chest, wrist or ankle)</b>	each (up to 4)
<u>K0552</u>	<b>#Supplies for external drug infusion pump, syringe type cartridge, sterile, each</b>	up to 30
<u>T5999</u>	<b>Supply, not otherwise specified (limited to the following previously state-defined codes):</b>	
	<b>Plastic strips</b>	50's (up to 5)
	<b>Basal thermometer</b>	each (up to 1)
	<b>Sterile 6" wood applicator w/cotton tips</b>	100's (up to 1)
	<b>Incentive spirometer</b>	each (up to 1)
	<b>Nasal aspirator</b>	each (up to 1)

#### 4.4 HEARING AID BATTERY

L8621	<b>Zinc air battery for use with cochlear implant device, replacement, each</b>	each (up to 60)
V5266	<b>Battery for use in hearing device (any type)</b> (up to a two-month supply may be dispensed on one date of service)	each (up to 24)

NOTE: To be priced by the State on a periodic basis at retail less 20 percent. When billing for batteries on the claim form the "Quantity Dispensed" field refers to the individual number of batteries dispensed not number of packages dispensed.

## 4.5 COMPOUNDED PRESCRIPTIONS

Claims for compounded prescriptions must be submitted using one of the following two options that became effective February 18, 2004. Reconstitution of a commercially available product is not considered compounding.

A compound is considered reimbursable only when the compound includes:

- A combination of any two or more legend drugs found on the List of Medicaid Reimbursable Drugs; or
- A combination of any legend drug(s) included on the List of Medicaid Reimbursable drugs and any other item(s) not commercially available as an ethical or proprietary product, or
- A combination of two or more products which are labeled: “Caution: For Manufacturing Purpose only.”

### **Option 1 – Billing for Individual Components by NDC Number using NCPDP 3.2 or 5.1**

- This option must be used when billing compounded controlled substances to comply with the Bureau of Controlled Substances standards.
- Submit claims for compounded prescriptions using the NDC code for each ingredient. These claims are eligible for the Electronic Claim Capture (ECC) option when submitted through the NCPDP format.
- Each ingredient must have a unique prescription number.
- For on-line submitted claims, NCPDP Compound Code Field (406-D6) must contain a value of 1.
- Each drug ingredient payable by New York Medicaid will be reimbursed at AWP-12% plus a dispensing fee: \$3.50 (if a brand drug) or \$4.50 (if a generic drug).
- Payment will only be made for NDCs covered on the List of Medicaid Reimbursable Drugs.

**OR**

### **Option 2 — Billing for a Compound as a Single Entity using NCPDP 5.1**

- The entire prescription must have one unique prescription number.
- For on-line claims capture, Compound Code Field (406-D6) must contain a value of 1.
- In the Product Service ID Field (407-D7), enter NDC Code using all “9’s”.
- In the Product/Service ID Qualifier Field (436-E1) a value of 03 must be entered.
- A value of 1 must be entered in the Quantity Field.
- Reimbursement for each compound prescription billed using Option 2 is restricted to the usual and customary price charged to the general public for the total sum of the ingredients, up to the maximum reimbursable amount (MRA) for this option (\$50.00), plus a dispensing fee of \$3.50 and a compounding fee of \$0.75.
- There is no co-payment assessed using this option.
- The pharmacy must retain the prescription and documentation of ingredients, amounts and costs.