

**Mississippi Division of Medicaid  
MEDICAL SUPPLY FEE SCHEDULE  
COVER SHEET**



**Additional References:**

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

<b>Note Number</b>	<b>Column Title</b>	<b>Details</b>
1	Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Modifier	<ul style="list-style-type: none"> <li>• This column is used to denote the type of service. SC - Medical Supply</li> </ul>
4	Prior Authorization	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> </ul>
5	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
6	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
7	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns J and K became effective.</li> </ul>
8	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of which the fee in columns J and K became effective.</li> </ul>
9	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units DOM covers for the service.</li> </ul>
10	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>• When there is no maximum fee listed (0.00), the provider must request prior authorization or submit a By Report claim, as identified on the fee schedules.</li> </ul>
11	Fee Reduced	<ul style="list-style-type: none"> <li>• This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>• When the maximum fee is listed as (0.00), the provider must request prior authorization or submit a By Report claim, as identified on the fee schedules.</li> </ul>

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Print Date: September 14, 2020



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Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	SC	No	0	999	10/1/2003	12/31/9999	60	0.19	0.18
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH	SC	No	0	999	10/1/2003	12/31/9999	120	0.14	0.13
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	SC	No	0	999	10/1/2003	12/31/9999	120	0.28	0.27
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4213	SYRINGE STERILE 20 CC OR GREATER EACH	SC	No	0	999	4/1/2020	12/31/9999	120	1.09	1.04
A4215	NEEDLE, STERILE, ANY SIZE, EACH	SC	No	0	999	4/1/2020	12/31/9999	120	0.37	0.35
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SC	No	0	999	7/1/2020	12/31/9999	100	0.41	0.39
A4217	STERILE WATER/SALINE, 500 ML	SC	No	0	999	7/1/2020	12/31/9999	35	2.62	2.49
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	SC	No	0	999	11/9/2017	12/31/9999	5	20.33	19.31
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	SC	No	0	999	11/9/2017	12/31/9999	35	35.36	33.59
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	SC	No	0	999	7/1/2020	12/31/9999	5	18.76	17.82
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	2.34	2.22
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	SC	No	0	999	4/1/2020	12/31/9999	1	10.22	9.71
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	SC	No	0	999	4/1/2020	12/31/9999	1	8.59	8.16
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	SC	No	0	999	10/1/2003	12/31/9999	1	2.12	2.01
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	0.41	0.39

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A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	1.89	1.80
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	0.80	0.76
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	0.93	0.88
A4244	ALCOHOL OR PEROXIDE, PER PINT	SC	No	0	999	10/1/2003	12/31/9999	150	0.65	0.62
A4245	ALCOHOL WIPES, PER BOX	SC	No	0	999	10/1/2003	12/31/9999	60	2.00	1.90
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	SC	No	0	999	4/1/2020	12/31/9999	3	4.11	3.90
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	SC	No	0	999	10/1/2003	12/31/9999	1	15.00	14.25
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	SC	No	0	999	1/1/2009	12/31/9999	100	0.00	0.00
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	SC	No	0	999	4/1/2020	12/31/9999	4	24.14	22.93
A4256	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTIONS/CHIPS	SC	No	0	999	11/9/2017	12/31/9999	1	7.44	7.07
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	SC	No	0	999	11/9/2017	12/31/9999	1	13.85	13.16
A4259	LANCETS, PER BOX OF 100	SC	No	0	999	11/9/2017	12/31/9999	2	8.17	7.76
A4265	PARAFFIN, PER POUND	SC	No	0	999	7/1/2020	12/31/9999	10	3.17	3.01
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS EACH	SC	No	0	20	7/1/2020	12/31/9999	2	4.97	4.72
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00

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A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	SC	No	0	999	4/1/2020	12/31/9999	120	11.16	10.60
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	SC	No	0	999	7/1/2020	12/31/9999	2	6.10	5.80
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC)	SC	No	0	999	7/1/2020	12/31/9999	2	13.77	13.08
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE TWO-WAY ALL SILICONE	SC	No	0	999	7/1/2020	12/31/9999	2	16.77	15.93
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE THREE-WAY FOR CONTINUOUS IRRIGATION	SC	No	0	999	7/1/2020	12/31/9999	2	17.22	16.36
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC)	SC	No	0	999	7/1/2020	12/31/9999	2	19.97	18.97
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE	SC	No	0	999	7/1/2020	12/31/9999	2	24.51	23.28

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A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE THREE-WAY FOR CONTINUOUS IRRIGATION	SC	No	0	999	7/1/2020	12/31/9999	2	26.39	25.07
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	SC	No	0	999	7/1/2020	12/31/9999	1	4.22	4.01
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	2.82	2.68
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	10.02	9.52
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	41.46	39.39
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	9.70	9.22
A4331	EXTENSION DRAINAGE TUBING ANY TYPE ANY LENGTH WITH CONNECTOR/ADAPTOR FOR USE WITH LEG BAG OR UROSTOMY POUCH EACH	SC	No	0	999	7/1/2020	12/31/9999	2	2.95	2.80
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	SC	No	0	999	7/1/2020	12/31/9999	200	0.10	0.10
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	2.06	1.96
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	4.58	4.35
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	1.34	1.27
A4338	INDWELLING CATHETER, FOLEY TYPE TWO WAY LATEX WITH COATING (TEFLON SILICONE SILICONE ELASTOMER OR HYDROPHILIC ETC) EACH	SC	No	0	999	7/1/2020	12/31/9999	2	11.40	10.83
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (EG; COUDE, MUSHROOM, WING, ETC.) EACH	SC	No	0	999	7/1/2020	12/31/9999	2	25.09	23.84
A4344	INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE EACH	SC	No	0	999	7/1/2020	12/31/9999	2	13.61	12.93

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A4346	INDWELLING CATHETER FOLEY TYPE THREE WAY FOR CONTINUOUS IRRIGATION EACH	SC	No	0	999	7/1/2020	12/31/9999	2	16.13	15.32
A4349	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE DISPOSABLE EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.87	1.78
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC) EACH	SC	No	0	999	7/1/2020	12/31/9999	200	1.56	1.48
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON SILICONE SILICONE ELASTOMERIC OR HYDROPHILIC ETC) EACH	SC	No	0	999	7/1/2020	12/31/9999	200	5.98	5.68
A4353	INTERMITTENT URINARY CATH, WITH INSERTION SUPPLIES	SC	No	0	999	7/1/2020	12/31/9999	200	6.50	6.18
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	SC	No	0	999	7/1/2020	12/31/9999	2	10.97	10.42
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER EACH	SC	No	0	999	7/1/2020	12/31/9999	2	8.29	7.88
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE EACH	SC	No	0	999	7/1/2020	12/31/9999	2	7.67	7.29
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	5.50	5.23
A4361	OSTOMY FACE PLATE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	17.07	16.22
A4362	SKIN BARRIER, SOLID, 4 X 4 OR EQUIVALENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	2.74	2.60
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	1.87	1.78
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OUNCE	SC	No	0	999	7/1/2020	12/31/9999	32	2.74	2.60
A4366	OSTOMY VENT ANY TYPE EACH	SC	No	0	999	7/1/2020	12/31/9999	5	1.20	1.14
A4367	OSTOMY BELT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	5.82	5.53
A4368	OSTOMY FILTER, ANY TYPE, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	0.23	0.22

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A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	SC	No	0	999	7/1/2020	12/31/9999	1	2.26	2.15
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	SC	No	0	999	7/1/2020	12/31/9999	1	3.38	3.21
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	3.90	3.71
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	5.82	5.53
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	15.96	15.16
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	44.22	42.01
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	3.98	3.78
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	28.58	27.15
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	13.96	13.26
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	34.70	32.97
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	4.30	4.09
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	22.88	21.74
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	26.20	24.89
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	8.94	8.49
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY EACH	SC	No	0	999	7/1/2020	12/31/9999	1	4.74	4.50



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Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	1	2.09	1.99
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (ONE PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	1	4.06	3.86
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (ONE PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	1	5.78	5.49
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) EACH	SC	No	0	999	7/1/2020	12/31/9999	1	8.93	8.48
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	1	6.57	6.24
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) EACH	SC	No	0	999	7/1/2020	12/31/9999	1	7.59	7.21
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	1	8.40	7.98
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OZ	SC	No	0	999	7/1/2020	12/31/9999	8	2.41	2.29
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	SC	No	0	999	7/1/2020	12/31/9999	1	0.04	0.04
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	SC	No	0	999	7/1/2020	12/31/9999	3	37.62	35.74
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	4.06	3.86
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH OSTOMY IRRIGATION SUPPLY; BAG, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	12.85	12.21
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	SC	No	0	999	7/1/2020	12/31/9999	2	10.02	9.52
A4400	OSTOMY IRRIGATION SET	SC	No	0	999	7/1/2020	12/31/9999	1	38.61	36.68
A4402	LUBRICANT, PER OUNCE	SC	No	0	999	7/1/2020	12/31/9999	5	1.26	1.20



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A4404	OSTOMY RING, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.36	1.29
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	SC	No	0	999	7/1/2020	12/31/9999	10	3.18	3.02
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	SC	No	0	999	7/1/2020	12/31/9999	35	5.32	5.05
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR WITH BUILT-IN CONVEXITY 4 X 4 IN OR SMALLER EACH	SC	No	0	999	7/1/2020	12/31/9999	35	8.14	7.73
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITH BUILT-IN CONVEXITY LARGER THAN 4 X 4 IN EACH	SC	No	0	999	7/1/2020	12/31/9999	35	9.18	8.72
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY 4 X 4 IN OR SMALLER EACH	SC	No	0	999	7/1/2020	12/31/9999	35	5.78	5.49
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY 4 X 4 IN OR SMALLER EACH	SC	No	0	999	7/1/2020	12/31/9999	1	8.40	7.98
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	4.74	4.50
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	2.51	2.38
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM) WITH FILTER EACH	SC	No	0	999	7/1/2020	12/31/9999	35	5.12	4.86
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY 4 X 4 IN OR SMALLER EACH	SC	No	0	999	7/1/2020	12/31/9999	35	4.58	4.35

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A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY LARGER THAN 4 X 4 IN EACH	SC	No	0	999	7/1/2020	12/31/9999	35	5.57	5.29
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	2.56	2.43
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.46	3.29
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	1.69	1.61
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	1.61	1.53
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4421	OSTOMY SUPPLY; MISCELLANEOUS	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT EACH	SC	No	0	999	7/1/2020	12/31/9999	60	0.10	0.10
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	1.73	1.64
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	4.42	4.20
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.33	3.16
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	2.54	2.41

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A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	2.58	2.45
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	6.06	5.76
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	7.66	7.28
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	7.91	7.51
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	5.78	5.49
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.34	3.17
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.11	2.95
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.50	3.33
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	5.36	5.09
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	SC	No	0	999	7/1/2020	12/31/9999	100	0.10	0.10
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	SC	No	0	999	7/1/2020	12/31/9999	100	0.36	0.34
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	SC	No	0	999	7/1/2020	12/31/9999	100	0.22	0.21
A4458	ENEMA BAG WITH TUBING, REUSABLE	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00

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A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	SC	No	0	20	7/1/2020	12/31/9999	1	3.06	2.91
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	SC	No	0	20	7/1/2020	12/31/9999	3	12.37	11.75
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	SC	No	0	999	1/1/2017	12/31/9999	1	0.00	0.00
A4481	THRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	0.34	0.32
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	SC	No	0	999	4/1/2020	12/31/9999	35	3.76	3.57
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.32	0.30
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	SC	No	0	999	7/1/2020	12/31/9999	1	9.59	9.11
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	SC	No	0	999	7/1/2020	12/31/9999	2	12.80	12.16
A4565	SLINGS	SC	No	0	999	7/1/2020	12/31/9999	2	7.15	6.79
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	SC	No	0	20	1/1/2011	12/31/9999	1	0.00	0.00
A4570	SPLINT	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	SC	No	0	20	7/1/2020	12/31/9999	2	17.84	16.95
A4601	LITHIUM ION BATTERY RECHARGEABLE FOR NON-PROSTHETIC USE, REPLACEMENT	SC	No	0	999	1/1/2009	12/31/9999	10	0.00	0.00
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	15.24	14.48
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	SC	No	0	20	4/1/2020	12/31/9999	1	17.09	16.24
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	46.58	44.25
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	SC	No	0	999	7/1/2013	12/31/9999	2	163.66	155.48
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	SC	No	0	999	7/1/2013	12/31/9999	2	69.24	65.78
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	SC	No	0	999	7/1/2013	12/31/9999	1	124.91	118.66

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A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	SC	No	0	999	7/1/2020	12/31/9999	1	22.10	21.00
A4615	CANNULA NASAL	SC	No	0	999	7/1/2020	12/31/9999	1	0.68	0.65
A4616	TUBING, (OXYGEN), PER FOOT	SC	No	0	999	7/1/2020	12/31/9999	20	0.06	0.06
A4618	BREATHING CIRCUITS	SC	No	0	999	7/1/2020	12/31/9999	35	7.02	6.67
A4623	TRACHEOSTOMY, INNER CANNULA	SC	No	0	999	7/1/2020	12/31/9999	62	5.18	4.92
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	SC	No	0	999	7/1/2020	12/31/9999	200	2.08	1.98
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	SC	No	0	999	7/1/2020	12/31/9999	31	5.46	5.19
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	2.95	2.80
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	SC	No	0	999	10/1/2003	12/31/9999	1	29.98	28.48
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	SC	No	0	999	7/1/2020	12/31/9999	200	3.48	3.31
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	SC	No	0	999	7/1/2020	12/31/9999	35	4.32	4.10
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL NEUROSTIMULATOR OWNED BY PATIENT	SC	No	0	20	7/1/2020	12/31/9999	1	5.80	5.51
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	SC	No	0	20	7/1/2020	12/31/9999	6	38.14	36.23
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	4.75	4.51
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	2.94	2.79
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	SC	No	0	999	7/1/2020	12/31/9999	4	1.56	1.48
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	SC	No	0	999	7/1/2020	12/31/9999	1	48.01	45.61
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	SC	No	0	20	10/1/2003	12/31/9999	150	0.18	0.17

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A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	SC	No	0	999	10/1/1998	12/31/9999	1	21.63	20.55
A4663	BLOOD PRESSURE CUFF ONLY	SC	No	0	999	10/1/1998	12/31/9999	1	9.00	8.55
A4927	GLOVES, NON-STERILE, PER 100	SC	No	0	999	4/1/2020	12/31/9999	2	7.43	7.06
A4930	GLOVES, STERILE, PER PAIR	SC	No	0	999	4/1/2020	12/31/9999	100	0.49	0.47
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	SC	No	0	20	10/1/2003	12/31/9999	1	0.80	0.76
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	SC	No	0	20	10/1/2003	12/31/9999	1	0.80	0.76
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.92	1.82
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.38	1.31
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.38	1.31
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	1.67	1.59
A5055	STOMA CAP	SC	No	0	999	7/1/2020	12/31/9999	2	1.22	1.16
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	40	4.34	4.12
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	40	8.93	8.48
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	3.28	3.12
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	2.07	1.97
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	2.51	2.38
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	5.58	5.30
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	2.93	2.78

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A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	SC	No	0	999	7/1/2020	12/31/9999	30	2.51	2.38
A5081	STOMA PLUG OR SEAL, ANY TYPE	SC	No	0	999	7/1/2020	12/31/9999	5	2.62	2.49
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	SC	No	0	999	7/1/2020	12/31/9999	2	9.40	8.93
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	SC	No	0	999	7/1/2020	12/31/9999	30	0.60	0.57
A5093	OSTOMY ACCESSORY; CONVEX INSERT	SC	No	0	999	7/1/2020	12/31/9999	5	1.74	1.65
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	SC	No	0	20	7/1/2020	12/31/9999	1	32.18	30.57
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	SC	No	0	999	7/1/2020	12/31/9999	50	0.22	0.21
A5121	SKIN BARRIER, SOLID, 6 X 6 OR EQUIVALENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	6.93	6.58
A5122	SKIN BARRIER, SOLID, 8 X 8 OR EQUIVALENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	30	11.94	11.34
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	SC	No	0	999	7/1/2020	12/31/9999	35	1.22	1.16
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	SC	No	0	999	7/1/2020	12/31/9999	1	14.73	13.99
A6010	'COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	SC	No	0	20	7/1/2020	12/31/9999	35	28.78	27.34
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	SC	No	0	20	7/1/2020	12/31/9999	35	2.12	2.01
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	SC	No	0	20	7/1/2020	12/31/9999	35	19.54	18.56
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	SC	No	0	20	7/1/2020	12/31/9999	35	19.54	18.56
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	SC	No	0	20	7/1/2020	12/31/9999	1	176.87	168.03
A6024	'COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	SC	No	0	20	7/1/2020	12/31/9999	35	5.75	5.46
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	SC	No	0	20	1/1/2009	12/31/9999	60	0.00	0.00



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A6154	WOUND POUCH, EACH	SC	No	0	20	7/1/2020	12/31/9999	35	13.37	12.70
A6196	'ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN OR LESS EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	6.84	6.50
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	SC	No	0	20	7/1/2020	12/31/9999	35	15.28	14.52
A6198	'ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ IN EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6199	'ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	SC	No	0	20	7/1/2020	12/31/9999	35	4.91	4.66
A6203	'COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	3.13	2.97
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	SC	No	0	20	7/1/2020	12/31/9999	35	5.78	5.49
A6205	'COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6206	'CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6207	'CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.	SC	No	0	20	7/1/2020	12/31/9999	35	6.82	6.48
A6208	'CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6209	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	6.94	6.59

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A6210	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	150	18.52	17.59
A6211	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	27.30	25.94
A6212	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	15	9.02	8.57
A6213	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN 48 SQ IN WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	4/1/2020	12/31/9999	15	8.67	8.24
A6214	'FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	15	9.57	9.09
A6215	'FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	SC	No	0	20	1/1/2009	12/31/9999	15	0.00	0.00
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	999	0.04	0.04
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	SC	No	0	20	1/1/2009	12/31/9999	200	0.00	0.00
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	200	0.00	0.00
A6219	'GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	200	0.89	0.85

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A6220	'GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL 48 SQ IN WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	2.41	2.29
A6221	'GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	100	0.00	0.00
A6222	'GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ IN OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	100	1.98	1.88
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	SC	No	0	20	7/1/2020	12/31/9999	999	2.26	2.15
A6224	'GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	3.35	3.18
A6228	'GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
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	SC	No	0	20	7/1/2020	12/31/9999	35	3.35	3.18
A6230	'GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00

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A6231	'GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ IN OR LESS EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	35	4.36	4.14
A6232	'GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	6.38	6.06
A6233	'GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ IN EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	17.82	16.93
A6234	'HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	6.08	5.78
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	SC	No	0	20	7/1/2020	12/31/9999	35	15.63	14.85
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	25.33	24.06
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	7.35	6.98
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ IN WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	21.19	20.13
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00

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A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	SC	No	0	20	7/1/2020	12/31/9999	35	11.38	10.81
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	SC	No	0	20	7/1/2020	12/31/9999	35	2.39	2.27
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	5.63	5.35
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	SC	No	0	20	7/1/2020	12/31/9999	35	11.46	10.89
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	36.51	34.68
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	6.76	6.42
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	SC	No	0	20	7/1/2020	12/31/9999	35	9.23	8.77
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	35	22.10	21.00
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	SC	No	0	20	7/1/2020	12/31/9999	5	15.10	14.35
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	SC	No	0	999	4/1/2020	12/31/9999	2	3.47	3.30
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	1.85	1.76

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A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. BUT LES THAN OR EQUAL TO 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	3.02	2.87
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	5.89	5.60
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	1.11	1.05
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. BUT LESS THAN OR EQUAL TO 48 SQ IN WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	7/1/2020	12/31/9999	100	2.82	2.68
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN WITH ANY SIZE ADHESIVE BORDER EACH DRESSING	SC	No	0	20	1/1/2009	12/31/9999	100	0.00	0.00
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	100	1.43	1.36
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ IN EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	100	4.00	3.80
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	100	10.16	9.65
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	SC	No	0	20	1/1/2009	12/31/9999	5	0.00	0.00
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	SC	No	0	20	1/1/2009	12/31/9999	300	0.00	0.00
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	SC	No	0	20	1/1/2009	12/31/9999	90	0.00	0.00

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Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH PER LINEAR YARD	SC	No	0	20	7/1/2020	12/31/9999	90	1.78	1.69
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	999	0.10	0.10
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ IN WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	7/1/2020	12/31/9999	999	0.39	0.37
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER EACH DRESSING	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	SC	No	0	20	7/1/2020	12/31/9999	90	1.74	1.65
A6410	EYE PAD, STERILE, EACH	SC	No	0	20	7/1/2020	12/31/9999	90	0.35	0.33
A6411	EYE PAD, NON-STERILE, EACH	SC	No	0	20	1/1/2009	12/31/9999	90	0.00	0.00
A6412	EYE PATCH, OCCLUSIVE, EACH	SC	No	0	20	10/1/2003	12/31/9999	35	1.67	1.59
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	0.64	0.61
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	0.14	0.13
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	999	0.26	0.25
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	999	0.52	0.49



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A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	999	0.30	0.29
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	999	0.37	0.35
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	999	0.64	0.61
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	1.07	1.02
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	15	5.49	5.22

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A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	60	0.58	0.55
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	60	0.73	0.69
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	60	1.30	1.24
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	SC	No	0	20	7/1/2020	12/31/9999	35	1.18	1.12
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	SC	No	0	20	7/1/2020	12/31/9999	30	1.06	1.01
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00

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A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST) CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD) CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	SC	No	0	999	7/1/2020	12/31/9999	1	21.98	20.88
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	7.46	7.09
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	27.43	26.06
A7002	TUBING, USED WITH SUCTION PUMP, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	3.02	2.87
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	SC	No	0	999	7/1/2020	12/31/9999	2	1.94	1.84
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	SC	No	0	999	7/1/2020	12/31/9999	2	1.26	1.20
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	SC	No	0	999	7/1/2020	12/31/9999	1	17.36	16.49
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	SC	No	0	999	7/1/2020	12/31/9999	1	7.58	7.20

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A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	SC	No	0	999	7/1/2020	12/31/9999	2	3.43	3.26
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	SC	No	0	999	7/1/2020	12/31/9999	1	8.68	8.25
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	SC	No	0	999	7/1/2020	12/31/9999	1	38.49	36.57
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	SC	No	0	999	7/1/2020	12/31/9999	2	16.03	15.23
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	SC	No	0	999	7/1/2020	12/31/9999	2	2.98	2.83
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	SC	No	0	999	7/1/2020	12/31/9999	2	0.57	0.54
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	SC	No	0	999	7/1/2020	12/31/9999	1	3.50	3.33
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	SC	No	0	999	7/1/2020	12/31/9999	1	1.42	1.35
A7016	DOMES AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	SC	No	0	999	7/1/2020	12/31/9999	1	6.41	6.09
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	SC	No	0	999	7/1/2020	12/31/9999	35	0.30	0.29
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	SC	No	0	999	7/1/2020	12/31/9999	1	13.46	12.79
A7027	COMBO ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EA	SC	No	0	999	7/1/2020	12/31/9999	1	139.47	132.50
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	37.84	35.95
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	SC	No	0	999	7/1/2020	12/31/9999	2	16.19	15.38

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A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	114.91	109.16
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	42.90	40.76
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	24.60	23.37
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	SC	No	0	999	7/1/2020	12/31/9999	2	18.23	17.32
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE WITH OR WITHOUT HEAD STRAP	SC	No	0	999	7/1/2020	12/31/9999	1	71.74	68.15
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	SC	No	0	999	7/1/2020	12/31/9999	1	22.87	21.73
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	SC	No	0	999	7/1/2020	12/31/9999	1	10.97	10.42
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	SC	No	0	999	7/1/2020	12/31/9999	1	21.55	20.47
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	SC	No	0	999	7/1/2020	12/31/9999	2	3.09	2.94
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	SC	No	0	999	7/1/2020	12/31/9999	1	7.90	7.51
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	85.04	80.79
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	13.69	13.01
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH	SC	No	0	20	7/1/2020	12/31/9999	10	39.54	37.56
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	97.61	92.73
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	46.40	44.08

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A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	SC	No	0	999	7/1/2020	12/31/9999	1	10.54	10.01
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	SC	No	0	999	7/1/2020	12/31/9999	62	0.64	0.61
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE EACH	SC	No	0	999	7/1/2020	12/31/9999	2	4.36	4.14
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	SC	No	0	999	7/1/2020	12/31/9999	62	0.30	0.29
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	SC	No	0	999	7/1/2020	12/31/9999	62	2.31	2.19
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE EACH	SC	No	0	999	7/1/2020	12/31/9999	62	2.66	2.53
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	SC	No	0	999	7/1/2020	12/31/9999	62	1.31	1.24
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	SC	No	0	999	4/1/2020	12/31/9999	5	41.60	39.52

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A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	71.94	68.34
A7525	TRACHEOSTOMY MASK, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	1.92	1.82
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	SC	No	0	999	7/1/2020	12/31/9999	35	3.15	2.99
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	SC	No	0	999	7/1/2020	12/31/9999	2	3.33	3.16
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	SC	No	0	20	7/1/2020	12/31/9999	1	142.54	135.41
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	SC	No	0	20	7/1/2020	12/31/9999	1	142.54	135.41
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	SC	No	0	999	4/1/2020	12/31/9999	1	39.40	37.43
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	SC	Yes	0	999	7/1/2016	12/31/9999	1	168.66	160.23
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	SC	Yes	0	999	1/1/2015	12/31/9999	1	575.00	546.25
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	SC	Yes	0	999	1/1/2015	12/31/9999	1	510.00	484.50



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A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCP	SC	Yes	0	999	1/1/2015	12/31/9999	1	50.00	47.50
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	SC	No	0	999	7/1/2020	12/31/9999	31	3.98	3.78
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	SC	No	0	999	7/1/2020	12/31/9999	31	7.36	6.99
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	SC	No	0	999	7/1/2020	12/31/9999	31	5.30	5.04
B4081	NASOGASTRIC TUBING WITH STYLET	SC	No	0	999	7/1/2020	12/31/9999	1	16.11	15.30
B4082	NASOGASTRIC TUBING WITHOUT STYLET	SC	No	0	999	7/1/2020	12/31/9999	1	11.79	11.20
B4083	STOMACH TUBE - LEVINE TYPE	SC	No	0	999	7/1/2020	12/31/9999	1	1.79	1.70
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	SC	No	0	999	7/1/2020	12/31/9999	1	27.26	25.90
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	SC	No	0	999	7/1/2020	12/31/9999	31	7.73	7.34
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	SC	No	0	999	7/1/2020	12/31/9999	31	9.54	9.06
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	SC	No	0	999	7/1/2020	12/31/9999	31	24.13	22.92

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B9998	NOC FOR EXTERNAL SUPPLIES	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
B9999	NOC FOR PARENTERAL SUPPLIES	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	SC	No	0	999	7/1/2020	12/31/9999	16	2.34	2.22
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	SC	No	0	999	7/1/2020	12/31/9999	1	178.22	169.31
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	SC	No	0	999	7/1/2020	12/31/9999	2	1.02	0.97
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	SC	No	0	999	7/1/2020	12/31/9999	2	5.78	5.49
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	SC	No	0	999	7/1/2020	12/31/9999	2	0.52	0.49
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	SC	No	0	999	7/1/2020	12/31/9999	2	5.55	5.27
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	SC	No	0	999	7/1/2020	12/31/9999	2	13.30	12.64
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
S8490	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)	SC	No	0	999	10/1/2003	12/31/9999	2	18.00	17.10
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING P	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00

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T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.57	0.54
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.62	0.59
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.78	0.74
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.83	0.79
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.57	0.54
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.70	0.67
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.85	0.81
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.95	0.90
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	SC	Yes	3	20	3/1/2013	12/31/9999	186	0.60	0.57
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	SC	Yes	3	20	3/1/2013	12/31/9999	186	0.60	0.57
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.60	0.57
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.60	0.57

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T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	SC	Yes	0	20	1/1/2020	12/31/9999	186	0.65	0.62
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.65	0.62
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	SC	Yes	3	999	4/1/2020	12/31/9999	186	1.32	1.25
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	SC	Yes	3	999	8/1/2019	12/31/9999	186	1.00	0.95