

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4206		syringe with needle, sterile, 1 cc or less, each	0-999	N	\$0.25	\$0.25	\$0.25	\$0.25
9	A4207		syringe with needle, sterile 2cc, each	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29
9	A4208		syringe with needle, sterile 3cc, each	0-999	N	\$0.35	\$0.35	\$0.35	\$0.35
9	A4209		syringe with needle, sterile 5cc or greater, each	0-999	N	\$0.40	\$0.40	\$0.40	\$0.40
9	A4211	U4	supplies for self-administered injections	0-999	N	\$1.80	\$1.80	\$2.04	\$2.04
9	A4212		non-coring needle or stylet with or without catheter	0-999	N	\$22.00	\$22.00	\$20.76	\$20.76
9	A4213		syringe, sterile, 20 cc or greater, each	0-999	N	\$0.48	\$0.48	\$0.49	\$0.49
9	A4215		needle, sterile, any size, each	0-999	N	\$0.20	\$0.20	\$0.20	\$0.20
9	A4216		sterile water, saline and/or dextrose, diluent/flush, 10 ml	0-999	N	\$0.39	\$0.39	\$0.39	\$0.39
9	A4217		sterile water/saline, 500 ml	0-999	N	\$3.13	\$3.13	\$3.13	\$3.13
9	A4220		refill kit for implantable infusion pump	0-999	N	\$50.00	\$50.00	\$50.00	\$50.00
9	A4222		supplies for external drug infusion pump, per cassette or bag (list drug separately)	0-999	N	\$24.58	\$24.58	\$35.89	\$35.89
9	A4230		infusion set for external insulin pump, non needle cannula type	0-999	N	\$12.00	\$12.00	\$12.00	\$12.00
9	A4231		infusion set for external insulin pump, needle type	0-999	N	\$7.40	\$7.40	\$7.40	\$7.40
9	A4232		syringe with needle for external insulin pump, sterile, 3cc	0-999	N	\$2.53	\$2.53	\$2.65	\$2.65
9	A4233		replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$0.77	\$0.77	\$0.77	\$0.77
9	A4234		replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$3.51	\$3.51	\$3.51	\$3.51
9	A4235		replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$2.26	\$2.26	\$2.26	\$2.26
9	A4236		replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	0-999	N	\$1.62	\$1.62	\$1.62	\$1.62
9	A4244		alcohol or peroxide, per pint	0-999	N	\$1.78	\$1.78	\$1.78	\$1.78
9	A4245		alcohol wipes, per box	0-999	N	\$2.06	\$2.06	\$2.06	\$2.06

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9	A4246		betadine or phiso hex solution, per pint	0-999	N	\$8.00	\$8.00	\$6.25	\$6.25
9	A4247		betadine or iodine swabs/wipes, per box	0-999	N	\$6.90	\$6.90	\$7.88	\$7.88
9	A4248		chlorhexidine containing antiseptic, 1 ml	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29
9	A4250		urine test or reagent strips or tablets (100 tablets or strips)	0-999	N	\$13.45	\$13.45	\$15.12	\$15.12
9	A4252		blood ketone test or reagent strip, each	0-999	N	\$4.80	\$4.80	\$6.24	\$6.24
9	A4253		blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	0-999	N	\$28.28	\$28.28	\$28.28	\$28.28
9	A4256		normal, low and high calibrator solution / chips	0-999	N	\$9.20	\$9.20	\$7.07	\$7.07
9	A4258		spring-powered device for lancet, each	0-999	N	\$14.65	\$14.65	\$14.65	\$14.65
9	A4259		lancets, per box of 100	0-999	N	\$11.10	\$11.10	\$11.10	\$11.10
9	A4263		permanent, long term, non- dissolvable lacrimal duct implant, each	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4265		paraffin, per pound	0-999	F/N	\$3.23	\$3.23	\$3.23	\$3.23
9	A4280		adhesive skin support attachment for use with external breast prosthesis, each	0-999	N	\$4.71	\$4.71	\$4.71	\$4.71
9	A4281		tubing for breast pump, replacement	0-999	N	\$3.58	\$3.58	\$4.65	\$4.65
9	A4282		adapter for breast pump, replacement	0-999	N	\$0.48	\$0.48	\$0.62	\$0.62
9	A4283		cap for breast pump bottle, replacement	0-999	N	\$0.53	\$0.53	\$0.69	\$0.69
9	A4284		breast shield and splash protector for use with breast pump, replacement	0-999	N	\$6.99	\$6.99	\$9.09	\$9.09
9	A4285		polycarbonate bottle for use with breast pump, replacement	0-999	N	\$2.21	\$2.21	\$2.87	\$2.87
9	A4286		locking ring for breast pump, replacement	0-999	N	\$0.44	\$0.44	\$0.57	\$0.57
9	A4290		sacral nerve stimulation test lead, each	0-999	F/N	\$377.20	\$377.20	\$490.36	\$490.36
9	A4300		implantable access catheter, (eg, venous, arterial, epidural, subarachnoid, or peritoneal etc), external access	0-999	N	\$8.56	\$8.56	\$10.86	\$10.86
9	A4301		implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	0-999	F/N	\$32.20	\$32.20	\$41.86	\$41.86

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9	A4305		disposable drug delivery system, flow rate of 50 ml or greater per hour	0-999	N	\$20.93	\$20.93	\$20.93	\$20.93
9	A4306		disposable drug delivery system, flow rate of less than 50 ml per hour	0-999	N	\$18.33	\$18.33	\$18.33	\$18.33
9	A4310		insertion tray without drainage bag and without catheter (accessories only)	0-999	N	\$5.47	\$5.47	\$5.47	\$5.47
9	A4311		insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	0-999	N	\$10.72	\$10.72	\$10.72	\$10.72
9	A4312		insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	0-999	N	\$14.65	\$14.65	\$14.65	\$14.65
9	A4313		insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	0-999	N	\$17.01	\$17.01	\$17.01	\$17.01
9	A4314		insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	0-999	N	\$20.64	\$20.64	\$20.64	\$20.64
9	A4315		insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	0-999	N	\$20.64	\$20.64	\$20.64	\$20.64
9	A4316		insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	0-999	N	\$23.01	\$23.01	\$23.01	\$23.01
9	A4320		irrigation tray with bulb or piston syringe, any purpose	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65
9	A4321		therapeutic agent for urinary catheter irrigation	0-999	N	\$8.28	\$8.28	\$8.28	\$8.28
9	A4322		irrigation syringe, bulb or piston, each	0-999	N	\$2.35	\$2.35	\$2.35	\$2.35
9	A4326		male external catheter with integral collection chamber, any type, each	0-999	N	\$10.79	\$10.79	\$10.79	\$10.79
9	A4327		female external urinary collection device; meatal cup, each	0-999	N	\$38.54	\$38.54	\$38.54	\$38.54
9	A4328		female external urinary collection device; pouch, each	0-999	N	\$6.83	\$6.83	\$6.83	\$6.83
9	A4330		perianal fecal collection pouch with adhesive, each	0-999	N	\$5.65	\$5.65	\$5.65	\$5.65

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9	A4331		extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	0-999	N	\$2.50	\$2.50	\$2.50	\$2.50
9	A4332		lubricant, individual sterile packet, for insertion of urinary catheter, each	0-999	N	\$0.10	\$0.10	\$0.10	\$0.10
9	A4333		urinary catheter anchoring device, adhesive skin attachment, each	0-999	N	\$1.73	\$1.73	\$1.73	\$1.73
9	A4334		urinary catheter anchoring device, leg strap, each	0-999	N	\$3.88	\$3.88	\$3.88	\$3.88
1	A4335		incontinence supply; miscellaneous	0-999	N	\$3.09	\$2.84	\$3.09	\$2.84
9	A4335		incontinence supply; miscellaneous	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4338		indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	0-999	N	\$10.44	\$10.44	\$10.44	\$10.44
9	A4340		indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each	0-999	N	\$17.36	\$17.36	\$17.55	\$17.55
9	A4344		indwelling catheter, foley type, two way, all silicone, each	0-999	N	\$10.66	\$10.66	\$10.66	\$10.66
9	A4346		indwelling catheter; foley type, three way for continuous irrigation, each	0-999	N	\$13.27	\$13.27	\$13.27	\$13.27
9	A4349		male external catheter, with or without adhesive, disposable, each	0-999	N	\$1.80	\$1.80	\$1.80	\$1.80
9	A4351	SC	intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc), each	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65
9	A4351		intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc), each	0-999	N	\$1.81	\$1.81	\$1.81	\$1.81
9	A4352		intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc) each	0-999	N	\$5.07	\$5.07	\$5.07	\$5.07

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9	A4353		intermittent urinary catheter, with insertion supplies	0-999	N	\$6.66	\$6.66	\$6.66	\$6.66
9	A4354		insertion tray with drainage bag but without catheter	0-999	N	\$10.06	\$10.06	\$10.06	\$10.06
9	A4355		irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	0-999	N	\$7.94	\$7.94	\$7.94	\$7.94
9	A4356		external urethral clamp or compression device (not to be used for catheter clamp), each	0-999	N	\$30.40	\$30.40	\$30.40	\$30.40
9	A4357		bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	0-999	N	\$7.65	\$7.65	\$7.65	\$7.65
9	A4358		urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each	0-999	N	\$6.43	\$6.43	\$6.23	\$6.23
9	A4360		disposable external urethral clamp or compression device, with pad and/or pouch, each	0-999	N	\$0.43	\$0.43	\$0.43	\$0.43
9	A4361		ostomy faceplate, each	0-999	N	\$18.37	\$18.37	\$18.37	\$18.37
9	A4362		skin barrier; solid, 4 x 4 or equivalent; each	0-999	N	\$2.64	\$2.64	\$2.64	\$2.64
9	A4363		ostomy clamp, any type, replacement only, each	0-999	N	\$2.17	\$2.17	\$2.17	\$2.17
9	A4364		adhesive, liquid or equal, any type, per oz	0-999	N	\$2.84	\$2.84	\$2.84	\$2.84
9	A4366		ostomy vent, any type, each	0-999	N	\$1.03	\$1.03	\$1.03	\$1.03
9	A4367		ostomy belt, each	0-999	N	\$7.15	\$7.15	\$7.15	\$7.15
9	A4368		ostomy filter, any type, each	0-999	N	\$0.25	\$0.25	\$0.25	\$0.25
9	A4369		ostomy skin barrier, liquid (spray, brush, etc), per oz	0-999	N	\$2.30	\$2.30	\$2.30	\$2.30
9	A4371		ostomy skin barrier, powder, per oz	0-999	N	\$3.83	\$3.83	\$3.83	\$3.83
9	A4372		ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	0-999	N	\$3.98	\$3.98	\$3.98	\$3.98
9	A4373		ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	0-999	N	\$5.99	\$5.99	\$5.99	\$5.99
9	A4375		ostomy pouch, drainable, with faceplate attached, plastic, each	0-999	N	\$16.38	\$16.38	\$16.38	\$16.38
9	A4376		ostomy pouch, drainable, with faceplate attached, rubber, each	0-999	N	\$45.38	\$45.38	\$45.38	\$45.38
9	A4377		ostomy pouch, drainable, for use on faceplate, plastic, each	0-999	N	\$4.09	\$4.09	\$4.09	\$4.09

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9	A4378		ostomy pouch, drainable, for use on faceplate, rubber, each	0-999	N	\$29.33	\$29.33	\$29.33	\$29.33
9	A4379		ostomy pouch, urinary, with faceplate attached, plastic, each	0-999	N	\$14.33	\$14.33	\$14.33	\$14.33
9	A4380		ostomy pouch, urinary, with faceplate attached, rubber, each	0-999	N	\$35.60	\$35.60	\$35.60	\$35.60
9	A4381		ostomy pouch, urinary, for use on faceplate, plastic, each	0-999	N	\$4.40	\$4.40	\$4.40	\$4.40
9	A4382		ostomy pouch, urinary, for use on faceplate, heavy plastic, each	0-999	N	\$23.48	\$23.48	\$23.48	\$23.48
9	A4383		ostomy pouch, urinary, for use on faceplate, rubber, each	0-999	N	\$26.89	\$26.89	\$26.89	\$26.89
9	A4384		ostomy faceplate equivalent, silicone ring, each	0-999	N	\$9.18	\$9.18	\$9.18	\$9.18
9	A4385		ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	0-999	N	\$5.25	\$5.25	\$5.25	\$5.25
9	A4387		ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45
9	A4388		ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	0-999	N	\$4.58	\$4.58	\$4.58	\$4.58
9	A4389		ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	0-999	N	\$5.93	\$5.93	\$5.93	\$5.93
9	A4390		ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$9.17	\$9.17	\$9.17	\$9.17
9	A4391		ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	0-999	N	\$6.74	\$6.74	\$6.74	\$6.74
9	A4392		ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$6.34	\$6.34	\$6.34	\$6.34
9	A4393		ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	0-999	N	\$8.75	\$8.75	\$8.75	\$8.75
9	A4394		ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	0-999	N	\$2.50	\$2.50	\$2.50	\$2.50
9	A4395		ostomy deodorant for use in ostomy pouch, solid, per tablet	0-999	N	\$0.05	\$0.05	\$0.05	\$0.05
9	A4396		ostomy belt with peristomal hernia support	0-999	N	\$38.61	\$38.61	\$38.61	\$38.61

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9	A4397		irrigation supply; sleeve, each	0-999	N	\$4.41	\$4.41	\$4.41	\$4.41
9	A4398		ostomy irrigation supply; bag, each	0-999	N	\$10.84	\$10.84	\$10.84	\$10.84
9	A4399		ostomy irrigation supply; cone/catheter, with or without brush	0-999	N	\$8.18	\$8.18	\$8.18	\$8.18
9	A4400		ostomy irrigation set	0-999	N	\$46.88	\$46.88	\$46.88	\$46.88
9	A4402		lubricant, per ounce	0-999	N	\$1.52	\$1.52	\$1.52	\$1.52
9	A4404		ostomy ring, each	0-999	N	\$1.55	\$1.55	\$1.55	\$1.55
9	A4405		ostomy skin barrier, non-pectin based, paste, per ounce	0-999	N	\$3.35	\$3.35	\$3.35	\$3.35
9	A4406		ostomy skin barrier, pectin-based, paste, per ounce	0-999	N	\$6.02	\$6.02	\$6.02	\$6.02
9	A4407		ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	0-999	N	\$9.19	\$9.19	\$9.19	\$9.19
9	A4408		ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	0-999	N	\$9.87	\$9.87	\$9.87	\$9.87
9	A4409		ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	0-999	N	\$6.52	\$6.52	\$6.52	\$6.52
9	A4410		ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	0-999	N	\$9.04	\$9.04	\$9.04	\$9.04
9	A4411		ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	0-999	N	\$3.72	\$3.72	\$3.72	\$3.72
9	A4412		ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	0-999	N	\$2.84	\$2.84	\$2.84	\$2.84
9	A4413		ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	0-999	N	\$5.50	\$5.50	\$5.50	\$5.50
9	A4414		ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	0-999	N	\$5.17	\$5.17	\$5.17	\$5.17

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9	A4415		ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	0-999	N	\$6.29	\$6.29	\$6.29	\$6.29
9	A4416		ostomy pouch, closed, with barrier attached, with filter (1 piece), each	0-999	N	\$2.17	\$2.17	\$2.17	\$2.17
9	A4417		ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	0-999	N	\$2.93	\$2.93	\$2.93	\$2.93
9	A4418		ostomy pouch, closed; without barrier attached, with filter (1 piece), each	0-999	N	\$1.81	\$1.81	\$1.81	\$1.81
9	A4419		ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	0-999	N	\$1.37	\$1.37	\$1.37	\$1.37
9	A4420		ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	0-999	N	\$2.41	\$2.41	\$1.89	\$1.89
9	A4421		ostomy supply; miscellaneous	0-999	N	\$23.00	\$23.00	\$23.00	\$23.00
9	A4422		ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	0-999	N	\$0.12	\$0.12	\$0.12	\$0.12
9	A4423		ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	0-999	N	\$1.46	\$1.46	\$1.46	\$1.46
9	A4424		ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	0-999	N	\$3.74	\$3.74	\$3.74	\$3.74
9	A4425		ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	0-999	N	\$2.82	\$2.82	\$2.82	\$2.82
9	A4426		ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	0-999	N	\$2.15	\$2.15	\$2.15	\$2.15
9	A4427		ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	0-999	N	\$2.19	\$2.19	\$2.19	\$2.19
9	A4428		ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.83	\$6.83	\$6.83	\$6.83



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9	A4429		ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.49	\$6.49	\$6.49	\$6.49
9	A4430		ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	0-999	N	\$6.70	\$6.70	\$6.70	\$6.70
9	A4431		ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	0-999	N	\$4.89	\$4.89	\$4.89	\$4.89
9	A4432		ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	0-999	N	\$2.83	\$2.83	\$2.83	\$2.83
9	A4433		ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	0-999	N	\$2.63	\$2.63	\$2.63	\$2.63
9	A4434		ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	0-999	N	\$2.96	\$2.96	\$2.96	\$2.96
9	A4435		ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	0-999	N	\$4.70	\$4.70	\$4.70	\$4.70
9	A4450		tape, non-waterproof, per 18 square inches	0-999	N	\$0.09	\$0.09	\$0.09	\$0.09
9	A4452		tape, waterproof, per 18 square inches	0-999	N	\$0.36	\$0.36	\$0.36	\$0.36
9	A4455		adhesive remover or solvent (for tape, cement or other adhesive), per ounce	0-999	N	\$1.22	\$1.22	\$1.22	\$1.22
9	A4456		adhesive remover, wipes, any type, each	0-999	N	\$0.26	\$0.26	\$0.26	\$0.26
9	A4461		surgical dressing holder, non-reusable, each	0-999	N	\$3.29	\$3.29	\$3.29	\$3.29
9	A4465		non-elastic binder for extremity	0-999	N	\$20.00	\$20.00	\$18.31	\$18.31
9	A4466		garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	0-999	N	\$54.00	\$54.00	\$54.00	\$54.00
9	A4481		tracheostoma filter, any type, any size, each	0-999	N	\$0.37	\$0.37	\$0.37	\$0.37
9	A4483		moisture exchanger, disposable, for use with invasive mechanical ventilation	0-999	N	\$5.23	\$5.23	\$4.28	\$4.28

CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4490		surgical stockings above knee length, each	0-999	F/N	\$17.80	\$17.80	\$17.80	\$17.80
9	A4495		surgical stockings thigh length, each	0-999	F/N	\$21.00	\$21.00	\$39.27	\$39.27
9	A4500		surgical stockings below knee length, each	0-999	F/N	\$12.00	\$12.00	\$14.97	\$14.97
9	A4510		surgical stockings full length, each	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4554		disposable underpads, all sizes	0-999	N	\$0.41	\$0.38	\$0.41	\$0.38
9	A4556		electrodes, (e.g., apnea monitor), per pair	0-999	N	\$12.14	\$12.14	\$12.14	\$12.14
9	A4557		lead wires, (e.g., apnea monitor), per pair	0-999	N	\$21.10	\$21.10	\$15.97	\$15.97
9	A4558		conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	0-999	N	\$2.54	\$2.54	\$2.57	\$2.57
9	A4561		pessary, rubber, any type	0-999	N	\$19.00	\$19.00	\$19.00	\$19.00
9	A4562		pessary, non rubber, any type	0-999	N	\$47.26	\$47.26	\$47.26	\$47.26
9	A4565		slings	0-999	F/N	\$8.41	\$8.41	\$8.41	\$8.41
9	A4566		shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	0-999	N	\$100.32	\$100.32	\$105.10	\$105.10
9	A4570		splint	0-999	F/N	\$31.01	\$31.01	\$31.01	\$31.01
9	A4595		electrical stimulator supplies, 2 lead, per month, (e.g. tens, nmes)	0-999	N	\$26.73	\$26.73	\$22.86	\$22.86
9	A4600		sleeve for intermittent limb compression device, replacement only, each	0-999	N	\$37.24	\$37.24	\$39.26	\$39.26
9	A4601		lithium ion battery, rechargeable, for non-prosthetic use, replacement	0-999	N	\$2.05	\$2.05	\$2.67	\$2.67
9	A4602		replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45
9	A4605		tracheal suction catheter, closed system, each	0-999	N	\$16.40	\$16.40	\$16.40	\$16.40
9 <sup>1</sup>	A4606 <sup>1</sup>		oxygen probe for use with oximeter device, replacement	0-999	N	\$36.90	\$36.90	\$36.90	\$36.90
9	A4611		battery, heavy duty; replacement for patient owned ventilator	0-999	N	\$133.64	\$133.64	\$144.56	\$144.56
9	A4612		battery cables; replacement for patient-owned ventilator	0-999	N	\$47.52	\$47.52	\$60.00	\$60.00
9	A4613		battery charger; replacement for patient-owned ventilator	0-999	N	\$99.43	\$99.43	\$112.68	\$112.68

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						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4614		peak expiratory flow rate meter, hand held	0-999	N	\$22.68	\$22.68	\$22.68	\$22.68
9	A4615		cannula, nasal	0-999	N	\$0.75	\$0.75	\$0.75	\$0.75
9	A4616		tubing (oxygen), per foot	0-999	N	\$0.07	\$0.07	\$0.07	\$0.07
9	A4617		mouth piece	0-999	N	\$3.25	\$3.25	\$3.25	\$3.25
9	A4618		breathing circuits	0-999	N	\$4.13	\$4.13	\$4.18	\$4.18
9	A4619		face tent	0-999	N	\$1.21	\$1.21	\$1.21	\$1.21
9	A4620		variable concentration mask	0-999	N	\$0.62	\$0.62	\$0.62	\$0.62
9 <sup>1</sup>	A4623 <sup>1</sup>		tracheostomy, inner cannula	0-999	N	\$5.28	\$5.28	\$5.28	\$5.28
9	A4624		tracheal suction catheter, any type other than closed system, each	0-999	N	\$2.38	\$2.38	\$2.38	\$2.38
9	A4627		spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	0-999	N	\$30.00	\$30.00	\$30.82	\$30.82
9	A4628		oropharyngeal suction catheter, each	0-999	N	\$3.65	\$3.65	\$3.65	\$3.65
9	A4629		tracheostomy care kit for established tracheostomy	0-999	N	\$4.30	\$4.30	\$4.30	\$4.30
9	A4630		replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	0-999	N	\$6.56	\$6.56	\$6.56	\$6.56
9	A4635		underarm pad, crutch, replacement, each	0-999	N	\$2.58	\$2.58	\$2.58	\$2.58
9	A4636		replacement, handgrip, cane, crutch, or walker, each	0-999	N	\$2.13	\$2.13	\$3.20	\$3.20
9	A4637		replacement, tip, cane, crutch, walker, each.	0-999	N	\$1.35	\$1.35	\$1.64	\$1.64
9	A4640		replacement pad for use with medically necessary alternating pressure pad owned by patient	0-999	N	\$29.43	\$29.43	\$45.89	\$45.89
9	A4648		tissue marker, implantable, any type, each	0-20	F	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4651		calibrated microcapillary tube, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4652		microcapillary tube sealant	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4657		syringe, with or without needle, each	0-999	N	\$0.70	\$0.70	\$0.70	\$0.70
9	A4660		sphygmomanometer/blood pressure apparatus with cuff and stethoscope	0-999	N	\$31.25	\$31.25	\$26.90	\$26.90
9	A4663		blood pressure cuff only	0-999	F/N	\$32.00	\$32.00	\$25.76	\$25.76
9	A4670		automatic blood pressure monitor	0-999	N	\$66.09	\$66.09	\$62.30	\$62.30
9	A4680		activated carbon filters for hemodialysis, each	0-999	N	\$140.57	\$140.57	\$182.74	\$182.74

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4690		dialyzer (artificial kidneys) all types, all sizes for hemodialysis, each	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4706		bicarbonate concentrate, solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4707		bicarbonate concentrate, powder, for hemodialysis, per packet	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4708		acetate concentrate solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4709		acid concentrate, solution, for hemodialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4714		treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4719		"y set" tubing for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4720		dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4721		dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4722		dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4723		dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4724		dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4725		dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4726		dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4730		fistula cannulation set for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4736		topical anesthetic, for dialysis, per gram	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4737		injectable anesthetic, for dialysis, per 10 ml	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4740		shunt accessory, for hemodialysis, any type, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4750		blood tubing, arterial or venous, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4755		blood tubing, arterial and venous combined, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4760		dialysate solution test kit, for peritoneal dialysis, any type each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4765		dialysate concentrate, powder, additive for peritoneal dialysis, per packet	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4766		dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4772		blood glucose test strips, for dialysis, per 50	0-999	N	\$30.99	\$30.99	\$33.23	\$33.23
9	A4773		occult blood test strips, for dialysis, per 50	0-999	N	\$21.12	\$21.12	\$27.46	\$27.46
9	A4774		ammonia test strips, for dialysis, per 50	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4802		protamine sulfate, for hemodialysis, per 50 mg	0-999	N	Manually Reviewed	Manually Priced	Manually Priced	Manually Priced
9	A4860		disposable catheter tips for peritoneal dialysis, per 10	0-999	N	\$4.73	\$4.73	\$6.15	\$6.15
9	A4911		drain bag/bottle, for dialysis, each	0-999	N	\$10.40	\$10.40	\$6.15	\$6.15
9	A4913		miscellaneous dialysis supplies, not otherwise specified	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4918		venous pressure clamp, for hemodialysis, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A4927		gloves, non-sterile, per 100	0-999	N	\$7.97	\$7.97	\$7.97	\$7.97
9	A4928		surgical mask, per 20	0-999	N	\$24.16	\$24.16	\$24.16	\$24.16
9	A4929		tourniquet for dialysis, each	0-999	N	\$1.24	\$1.24	\$1.24	\$1.24
9	A4930		gloves, sterile, per pair	0-999	N	\$0.77	\$0.77	\$0.77	\$0.77
9	A4931		oral thermometer, reusable, any type, each	0-999	N	\$11.46	\$11.46	\$5.42	\$5.42

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						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A4932		rectal thermometer, reusable, any type, each	0-999	N	\$7.00	\$7.00	\$5.42	\$5.42
9	A5051		ostomy pouch, closed; with barrier attached (1 piece), each	0-999	N	\$1.80	\$1.80	\$1.80	\$1.80
9	A5052		ostomy pouch, closed; without barrier attached (1 piece), each	0-999	N	\$1.31	\$1.31	\$1.31	\$1.31
9	A5053		ostomy pouch, closed; for use on faceplate, each	0-999	N	\$1.36	\$1.36	\$1.36	\$1.36
9	A5054		ostomy pouch, closed; for use on barrier with flange (2 piece), each	0-999	N	\$1.90	\$1.90	\$1.90	\$1.90
9	A5055		stoma cap	0-999	N	\$1.12	\$1.12	\$1.12	\$1.12
9	A5056		ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	0-999	N	\$3.76	\$3.76	\$3.76	\$3.76
9	A5057		ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	0-999	N	\$7.74	\$7.74	\$7.74	\$7.74
9	A5061		ostomy pouch, drainable; with barrier attached, (1 piece), each	0-999	N	\$4.27	\$4.27	\$3.90	\$3.90
9	A5062		ostomy pouch, drainable; without barrier attached (1 piece), each	0-999	N	\$2.09	\$2.09	\$2.09	\$2.09
9	A5063		ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	0-999	N	\$3.15	\$3.15	\$2.99	\$2.99
9	A5071		ostomy pouch, urinary; with barrier attached (1 piece), each	0-999	N	\$4.95	\$4.95	\$4.95	\$4.95
9	A5072		ostomy pouch, urinary; without barrier attached (1 piece), each	0-999	N	\$3.60	\$3.60	\$3.60	\$3.60
9	A5073		ostomy pouch, urinary; for use on barrier with flange (2 piece), each	0-999	N	\$3.34	\$3.34	\$3.34	\$3.34
9	A5081		stoma plug or seal, any type	0-999	N	\$2.14	\$2.14	\$2.14	\$2.14
9	A5082		continent device; catheter for continent stoma	0-999	N	\$9.66	\$9.66	\$9.66	\$9.66
9	A5083		continent device, stoma absorptive cover for continent stoma	0-999	N	\$0.63	\$0.63	\$0.63	\$0.63
9	A5093		ostomy accessory; convex insert	0-999	N	\$1.58	\$1.58	\$1.58	\$1.58
9	A5102		bedside drainage bottle with or without tubing, rigid or expandable, each	0-999	N	\$23.52	\$23.52	\$23.52	\$23.52
9	A5105		urinary suspensory with leg bag, with or without tube, each	0-999	N	\$34.23	\$34.23	\$34.23	\$34.23

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A5112		urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	0-999	N	\$30.86	\$30.86	\$30.86	\$30.86
9	A5113		leg strap; latex, replacement only, per set	0-999	N	\$3.55	\$3.55	\$3.55	\$3.55
9	A5114		leg strap; foam or fabric, replacement only, per set	0-999	N	\$8.94	\$8.94	\$8.94	\$8.94
9	A5120		skin barrier, wipes or swabs, each	0-999	N	\$0.26	\$0.26	\$0.26	\$0.26
9	A5121		skin barrier; solid, 6 x 6 or equivalent, each	0-999	N	\$5.88	\$5.88	\$5.88	\$5.88
9	A5122		skin barrier; solid, 8 x 8 or equivalent, each	0-999	N	\$8.78	\$8.78	\$8.78	\$8.78
9	A5126		adhesive or non-adhesive; disk or foam pad	0-999	N	\$1.32	\$1.32	\$1.32	\$1.32
9	A5131		appliance cleaner, incontinence and ostomy appliances, per 16 oz.	0-999	N	\$13.81	\$12.71	\$13.81	\$13.81
9	A5200		percutaneous catheter/tube anchoring device, adhesive skin attachment	0-999	N	\$10.77	\$10.77	\$10.77	\$10.77
9	A5500		for diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi- density insert(s), per shoe.	0-999	N	\$66.76	\$61.42	\$66.76	\$66.76
9	A5501		for diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	0-999	N	\$200.25	\$184.23	\$200.25	\$200.25
9	A5503		for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	0-999	N	\$29.69	\$27.31	\$29.69	\$29.69
9	A5504		for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	0-999	N	\$29.69	\$27.31	\$29.69	\$29.69
9	A5505		for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	0-999	N	\$29.69	\$27.31	\$29.69	\$29.69

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A5506		for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	0-999	N	\$29.69	\$27.31	\$29.69	\$29.69
9	A5507		for diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	0-999	N	\$29.69	\$27.31	\$29.69	\$29.69
9	A6010		collagen based wound filler, dry form, sterile, per gram of collagen	0-999	N	\$32.51	\$32.51	\$32.51	\$32.51
9	A6011		collagen based wound filler, gel/paste, per gram of collagen	0-999	N	\$2.39	\$2.39	\$2.39	\$2.39
9	A6021		collagen dressing, sterile, size 16 sq. in. or less, each	0-999	N	\$20.79	\$20.79	\$20.79	\$20.79
9	A6022		collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	0-999	N	\$20.79	\$20.79	\$20.79	\$20.79
9	A6023		collagen dressing, sterile, size more than 48 sq. in., each	0-999	N	\$188.23	\$188.23	\$188.23	\$188.23
9	A6024		collagen dressing wound filler, sterile, per 6 inches	0-999	N	\$6.12	\$6.12	\$6.12	\$6.12
9	A6025		gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	0-999	N	\$13.80	\$13.80	\$15.30	\$15.30
9	A6154		wound pouch, each	0-999	N	\$13.29	\$13.29	\$13.29	\$13.29
9	A6196		alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	0-999	N	\$7.01	\$7.01	\$7.01	\$7.01
9	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.	0-999	N	\$15.68	\$15.68	\$15.68	\$15.68
9	A6198		alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	0-999	N	\$14.27	\$14.27	\$19.42	\$19.42
9	A6199		alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	0-999	N	\$5.04	\$5.04	\$5.04	\$5.04
9	A6203		composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$3.19	\$3.19	\$3.19	\$3.19



**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	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	0-999	N	\$5.94	\$5.94	\$5.94	\$5.94
9	A6205		composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	\$6.46	\$6.46	\$5.17	\$5.17
9	A6206		contact layer, sterile, 16 sq. in. or less, each dressing	0-999	N	\$4.25	\$4.25	\$4.25	\$4.25
9	A6207		contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	0-999	N	\$7.00	\$7.00	\$7.00	\$7.00
9	A6208		contact layer, sterile, more than 48 sq. in., each dressing	0-999	N	\$66.61	\$66.61	\$66.61	\$66.61
9	A6209		foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$7.14	\$7.14	\$7.14	\$7.14
9	A6210		foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	0-999	N	\$19.00	\$19.00	\$19.00	\$19.00
9	A6211		foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$28.01	\$28.01	\$28.01	\$28.01
9	A6212		foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$9.25	\$9.25	\$9.25	\$9.25
9	A6213		foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesiv	0-999	N	\$11.96	\$11.96	\$9.38	\$9.38
9	A6214		foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	\$9.82	\$9.82	\$9.82	\$9.82
9	A6215		foam dressing, wound filler, sterile, per gram	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6216		gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$0.05	\$0.05	\$0.05	\$0.05

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						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	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	0-999	N	\$0.15	\$0.15	\$0.11	\$0.11
9	A6218		gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6219		gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$0.91	\$0.91	\$0.91	\$0.91
9	A6220		gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border	0-999	N	\$2.46	\$2.46	\$2.46	\$2.46
9	A6221		gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	\$4.60	\$4.60	\$2.42	\$2.42
9	A6222		gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$2.03	\$2.03	\$2.03	\$2.03
9	A6223		gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or eq adhesive border, each dressing	0-999	N	\$2.30	\$2.30	\$2.30	\$2.30
9	A6224		gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$3.44	\$3.44	\$3.44	\$3.44
9	A6228		gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$1.70	\$1.70	\$1.80	\$1.80
9	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	0-999	N	\$3.44	\$3.44	\$3.44	\$3.44

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6230		gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$1.70	\$1.70	\$1.77	\$1.77
9	A6231		gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	0-999	N	\$4.61	\$4.61	\$4.61	\$4.61
9	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	0-999	N	\$6.81	\$6.81	\$6.81	\$6.81
9	A6233		gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	0-999	N	\$18.98	\$18.98	\$18.98	\$18.98
9	A6234		hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$6.24	\$6.24	\$6.24	\$6.24
9	A6235		hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive	0-999	N	\$16.05	\$16.05	\$16.05	\$16.05
9	A6236		hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$25.99	\$25.99	\$25.99	\$25.99
9	A6237		hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$7.54	\$7.54	\$7.54	\$7.54
9	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	0-999	N	\$21.74	\$21.74	\$21.74	\$21.74
9	A6239		hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	\$13.27	\$13.27	\$17.25	\$17.25
9	A6240		hydrocolloid dressing, wound filler, paste, sterile, per ounce	0-999	N	\$11.68	\$11.68	\$11.68	\$11.68
9	A6241		hydrocolloid dressing, wound filler, dry form, sterile, per gram	0-999	N	\$2.45	\$2.45	\$2.45	\$2.45

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6242		hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$5.79	\$5.79	\$5.79	\$5.79
9	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	0-999	N	\$11.75	\$11.75	\$11.75	\$11.75
9	A6244		hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$37.46	\$37.46	\$37.46	\$37.46
9	A6245		hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$6.93	\$6.93	\$6.93	\$6.93
9	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	0-999	N	\$9.46	\$9.46	\$9.46	\$9.46
9	A6247		hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	\$22.68	\$22.68	\$22.68	\$22.68
9	A6248		hydrogel dressing, wound filler, gel, per fluid ounce	0-999	N	\$15.49	\$15.49	\$15.49	\$15.49
1	A6250		skin sealants, protectants, moisturizers, ointments, any type, any size	0-999	N	\$5.16	\$5.16	\$5.16	\$5.16
9	A6250		skin sealants, protectants, moisturizers, ointments, any type, any size	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6251		specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$1.90	\$1.90	\$1.90	\$1.90
9	A6252		specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	0-999	N	\$3.10	\$3.10	\$3.10	\$3.10
9	A6253		specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$6.05	\$6.05	\$6.05	\$6.05

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6254		specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	0-999	N	\$1.16	\$1.16	\$1.16	\$1.16
9	A6255		specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any dressing	0-999	N	\$2.89	\$2.89	\$2.89	\$2.89
9	A6256		specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6257		transparent film, sterile, 16 sq. in. or less, each dressing	0-999	N	\$1.46	\$1.46	\$1.46	\$1.46
9	A6258		transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	0-999	N	\$4.10	\$4.10	\$4.10	\$4.10
9	A6259		transparent film, sterile, more than 48 sq. in., each dressing	0-999	N	\$10.43	\$10.43	\$10.43	\$10.43
9	A6260		wound cleansers, any type, any size	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6261		wound filler, gel/paste, per fluid ounce, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6262		wound filler, dry form, per gram, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6266		gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	0-999	N	\$1.83	\$1.83	\$1.83	\$1.83
9	A6402		gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	0-999	N	\$0.12	\$0.12	\$0.12	\$0.12
9	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	0-999	N	\$0.41	\$0.41	\$0.41	\$0.41
9	A6404		gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	0-999	N	\$0.56	\$0.56	\$0.61	\$0.61
9	A6407		packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	0-999	N	\$1.88	\$1.88	\$1.88	\$1.88
9	A6410		eye pad, sterile, each	0-999	N	\$0.34	\$0.34	\$0.34	\$0.34
9	A6411		eye pad, non-sterile, each	0-999	N	\$0.31	\$0.31	\$0.31	\$0.31

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6412		eye patch, occlusive, each	0-999	N	\$0.40	\$0.40	\$0.40	\$0.40
9	A6441		padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$0.67	\$0.67	\$0.67	\$0.67
9	A6442		conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	0-999	N	\$0.17	\$0.17	\$0.17	\$0.17
9	A6443		conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$0.29	\$0.29	\$0.29	\$0.29
9	A6444		conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	0-999	N	\$0.56	\$0.56	\$0.56	\$0.56
9	A6445		conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	0-999	N	\$0.32	\$0.32	\$0.32	\$0.32
9	A6446		conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$0.41	\$0.41	\$0.41	\$0.41
9	A6447		conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	0-999	N	\$0.67	\$0.67	\$0.67	\$0.67
9	A6448		light compression bandage, elastic, knitted/woven, width less than three inches, per yard	0-999	N	\$1.16	\$1.16	\$1.16	\$1.16
9	A6449		light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$1.75	\$1.75	\$1.75	\$1.75
9	A6450		light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	0-999	N	\$5.52	\$5.52	\$1.94	\$1.94

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TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	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	0-999	N	\$3.65	\$3.65	\$1.94	\$1.94
9	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	0-999	N	\$4.72	\$4.72	\$4.72	\$4.72
9	A6453		self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	0-999	N	\$0.61	\$0.61	\$0.61	\$0.61
9	A6454		self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$0.70	\$0.70	\$0.70	\$0.70
9	A6455		self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	0-999	N	\$0.77	\$0.77	\$0.77	\$0.77
9	A6456		zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	0-999	N	\$1.14	\$1.14	\$1.14	\$1.14
9	A6457		tubular dressing with or without elastic, any width, per linear yard	0-999	N	\$1.14	\$1.14	\$1.14	\$1.14
9	A6501		compression burn garment, bodysuit (head to foot), custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6502		compression burn garment, chin strap, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6503		compression burn garment, facial hood, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6504		compression burn garment, glove to wrist, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6505		compression burn garment, glove to elbow, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

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						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6506		compression burn garment, glove to axilla, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6507		compression burn garment, foot to knee length, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6508		compression burn garment, foot to thigh length, custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6509		compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6510		compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6511		compression burn garment, lower trunk including leg openings (panty), custom fabricated	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6512		compression burn garment, not otherwise classified	0-999	F/N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6513		compression burn mask, face and/or neck, plastic or equal, custom fabricated	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A6530		gradient compression stocking, below knee, 18-30 mmhg, each	0-999	N	\$37.54	\$37.54	\$40.62	\$40.62
9	A6531		gradient compression stocking, below knee, 30-40 mmhg, each	0-999	N	\$43.27	\$43.27	\$43.27	\$43.27
9	A6532		gradient compression stocking, below knee, 40-50 mmhg, each	0-999	N	\$60.96	\$60.96	\$60.96	\$60.96
9	A6533		gradient compression stocking, thigh length, 18-30 mmhg, each	0-999	N	\$49.00	\$49.00	\$67.33	\$67.33
9	A6534		gradient compression stocking, thigh length, 30-40 mmhg, each	0-999	N	\$57.96	\$57.96	\$59.68	\$59.68
9	A6535		gradient compression stocking, thigh length, 40-50 mmhg, each	0-999	N	\$82.80	\$82.80	\$73.64	\$73.64
9	A6536		gradient compression stocking, full length/chap style, 18-30 mmhg, each	0-999	N	\$55.20	\$55.20	\$70.76	\$70.76
9	A6537		gradient compression stocking, full length/chap style, 30-40 mmhg, each	0-999	N	\$69.00	\$69.00	\$70.76	\$70.76
9	A6538		gradient compression stocking, full length/chap style, 40-50 mmhg, each	0-999	N	\$82.80	\$82.80	\$79.51	\$79.51
9	A6539		gradient compression stocking, waist length, 18-30 mmhg, each	0-999	N	\$75.82	\$75.82	\$41.43	\$41.43



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TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A6540		gradient compression stocking, waist length, 30-40 mmhg, each	0-999	N	\$86.78	\$86.78	\$86.78	\$86.78
9	A6541		gradient compression stocking, waist length, 40-50 mmhg, each	0-999	N	\$112.70	\$112.70	\$130.78	\$130.78
9	A6544		gradient compression stocking, garter belt	0-999	F/N	\$38.12	\$38.12	\$36.18	\$36.18
9	A6545	AW	gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	0-999	N	\$65.84	\$65.84	\$65.84	\$65.84
9	A6549		gradient compression stocking/sleeve, not otherwise specified	0-999	N	Manually Priced	Manually Reviewed	Manually Priced	Manually Priced
9	A6550		wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	0-999	N	\$24.82	\$24.82	\$24.82	\$24.82
9	A7000		canister, disposable, used with suction pump, each	0-999	N	\$8.24	\$8.24	\$8.24	\$8.24
9	A7002		tubing, used with suction pump, each	0-999	N	\$3.10	\$3.10	\$3.10	\$3.10
9	A7003		administration set, with small volume nonfiltered pneumatic nebulizer, disposable	0-999	N	\$2.48	\$2.48	\$2.18	\$2.18
9	A7004		small volume nonfiltered pneumatic nebulizer, disposable	0-999	N	\$1.46	\$1.46	\$1.34	\$1.34
9	A7005		administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	0-999	N	\$26.21	\$24.11	\$22.23	\$22.23
9	A7006		administration set, with small volume filtered pneumatic nebulizer	0-999	N	\$9.05	\$9.05	\$7.74	\$7.74
9	A7007		large volume nebulizer, disposable, unfilled, used with aerosol compressor	0-999	N	\$3.96	\$3.96	\$3.29	\$3.29
9	A7009		reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	0-999	N	\$37.24	\$37.24	\$37.24	\$37.24
9	A7010		corrugated tubing, disposable, used with large volume nebulizer, 100 feet	0-999	N	\$20.05	\$20.05	\$19.50	\$19.50
9	A7012		water collection device, used with large volume nebulizer	0-999	N	\$3.60	\$3.60	\$2.97	\$2.97
9	A7013		filter, disposable, used with aerosol compressor or ultrasonic generator	0-999	N	\$0.67	\$0.67	\$0.65	\$0.65
9	A7014		filter, nondisposable, used with aerosol compressor or ultrasonic generator	0-999	N	\$4.13	\$4.13	\$3.31	\$3.31

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A7015		aerosol mask, used with dme nebulizer	0-999	N	\$1.79	\$1.79	\$1.48	\$1.48
9	A7016		dome and mouthpiece, used with small volume ultrasonic nebulizer	0-999	N	\$6.22	\$6.22	\$5.54	\$5.54
9	A7017		nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	0-999	N	\$134.04	\$134.04	\$100.46	\$100.46
9	A7018		water, distilled, used with large volume nebulizer, 1000 ml	0-999	N	\$0.31	\$0.31	\$0.34	\$0.34
9	A7026		high frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	0-999	N	\$30.19	\$30.19	\$30.19	\$30.19
9	A7027		combination oral/nasal mask, used with continuous positive airway pressure device, each	0-999	N	\$179.35	\$179.35	\$149.22	\$149.22
9	A7028		oral cushion for combination oral/nasal mask, replacement only, each	0-999	N	\$49.54	\$49.54	\$39.63	\$39.63
9	A7029		nasal pillows for combination oral/nasal mask, replacement only, pair	0-999	N	\$20.24	\$20.24	\$16.19	\$16.19
9	A7030		full face mask used with positive airway pressure device, each	0-999	N	\$170.72	\$170.72	\$142.07	\$142.07
9	A7031		face mask interface, replacement for full face mask, each	0-999	N	\$63.14	\$63.14	\$55.82	\$55.82
9	A7032		cushion for use on nasal mask interface, replacement only, each	0-999	N	\$36.68	\$36.68	\$31.82	\$31.82
9	A7033		pillow for use on nasal cannula type interface, replacement only, pair	0-999	N	\$25.71	\$25.71	\$22.73	\$22.73
9	A7034		nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	0-999	N	\$55.44	\$55.44	\$90.63	\$90.63
9	A7035		headgear used with positive airway pressure device	0-999	N	\$27.00	\$27.00	\$29.26	\$29.26
9	A7037		tubing used with positive airway pressure device	0-999	N	\$18.07	\$18.07	\$31.38	\$31.38
9	A7038		filter, disposable, used with positive airway pressure device	0-999	N	\$4.50	\$4.50	\$4.02	\$4.02
9	A7039		filter, non disposable, used with positive airway pressure device	0-999	N	\$11.79	\$11.79	\$11.08	\$11.08

CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A7046		water chamber for humidifier, used with positive airway pressure device, replacement, each	0-999	N	\$17.66	\$17.66	\$15.61	\$15.61
9	A7048		vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	0-999	N	\$35.41	\$35.41	\$35.41	\$35.41
9	A7520		tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01
9 <sup>1</sup>	A7520 <sup>1</sup>	TF	tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	\$104.86	\$104.86	Not a Benefit	Not a Benefit
9 <sup>1</sup>	A7520 <sup>1</sup>	TG	tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	Manually Priced	Manually Priced	Not a Benefit	Not a Benefit
9	A7521		tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01
9 <sup>1</sup>	A7521 <sup>1</sup>	TF	tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	\$104.86	\$104.86	Not a Benefit	Not a Benefit
9 <sup>1</sup>	A7521 <sup>1</sup>	TG	tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	0-999	N	Manually Priced	Manually Priced	Not a Benefit	Not a Benefit
9	A7522		tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	0-999	N	\$45.01	\$45.01	\$45.01	\$45.01
9	A7523		tracheostomy shower protector, each	0-999	N	\$11.78	\$11.78	\$13.90	\$13.90
9	A7525		tracheostomy mask, each	0-999	N	\$1.40	\$1.40	\$1.40	\$1.40
9	A7526		tracheostomy tube collar/holder, each administrative, miscellaneous and investigation	0-999	N	\$1.85	\$1.85	\$1.87	\$1.87
9	A8000		helmet, protective, soft, prefabricated, includes all components and accessories	0-999	N	\$153.35	\$153.35	\$153.35	\$153.35
9	A8001		helmet, protective, hard, prefabricated, includes all components and accessories	0-999	N	\$153.35	\$153.35	\$153.35	\$153.35
9	A8002		helmet, protective, soft, custom fabricated, includes all components and accessories	0-999	N	\$354.58	\$354.58	\$426.00	\$426.00

CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	A8003		helmet, protective, hard, custom fabricated, includes all components and accessories	0-999	N	\$537.05	\$537.05	\$433.63	\$433.63
9	A8004		soft interface for helmet, replacement only	0-999	N	\$90.00	\$90.00	\$90.00	\$90.00
1	A9150		non-prescription drugs	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A9152		single vitamin/mineral/trace element, oral, per dose, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A9153		multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A9272		wound suction, disposable, includes dressing, all accessories and components, any type, each	0-999	N	\$265.91	\$265.91	\$345.68	\$345.68
9	A9273		hot water bottle, ice cap or collar, heat and/or cold wrap, any type	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	A9274		external ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	0-20	N	\$43.50	\$43.50	\$43.50	\$43.50
9	A9275		home glucose disposable monitor, includes test strips	0-999	N	\$28.28	\$28.28	\$35.00	\$35.00
J	A9279	U1	monitoring feature/device, stand- alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	0-999	N	\$2,104.78	\$2,104.78	\$2,104.78	\$2,104.78
L	A9279	U1	monitoring feature/device, stand- alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	0-999	N	\$210.48	\$210.48	\$210.48	\$210.48
9	A9284		spirometer, non-electronic, includes all accessories	0-999	N	\$12.49	\$12.49	\$14.87	\$14.87
9	A9900		miscellaneous dme supply, accessory, and/or service component of another hcpcs code	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	T1999		miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	T4521		adult sized disposable incontinence product, brief/diaper, small, each	0-999	N	\$0.58	\$0.53	\$0.58	\$0.53
9	T4522		adult sized disposable incontinence product, brief/diaper, medium, each	0-999	N	\$0.61	\$0.56	\$0.61	\$0.56
9	T4523		adult sized disposable incontinence product, brief/diaper, large, each	0-999	N	\$0.65	\$0.60	\$0.65	\$0.60
9	T4524		adult sized disposable incontinence product, brief/diaper, extra large, each	0-999	N	\$0.75	\$0.75	\$0.75	\$0.75
9	T4525		adult sized disposable incontinence product, protective underwear/pull-on, small size, each	0-999	N	\$0.58	\$0.53	\$0.58	\$0.53
9	T4526		adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	0-999	N	\$0.68	\$0.63	\$0.68	\$0.63
9	T4527		adult sized disposable incontinence product, protective underwear/pull-on, large size, each	0-999	N	\$0.83	\$0.76	\$0.83	\$0.76
9	T4528	U1*	adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	0-999	N	\$1.50	\$1.50	\$1.50	\$1.50
9	T4528		adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	0-999	N	\$0.92	\$0.92	\$0.92	\$0.92
9	T4529		pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	0-999	N	\$0.30	\$0.28	\$0.30	\$0.30
9	T4530		pediatric sized disposable incontinence product, brief/diaper, large size, each	0-999	N	\$0.52	\$0.48	\$0.52	\$0.48
9	T4531		pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	0-999	N	\$0.63	\$0.58	\$0.63	\$0.58
9	T4532		pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	0-999	N	\$0.84	\$0.77	\$0.75	\$0.75

**CFR ATTACHMENT 5 - MEDICAL AND SURGICAL SUPPLIES (Proposed to be effective April 1, 2017)**

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	T4533		youth sized disposable incontinence product, brief/diaper, each	0-999	N	\$0.58	\$0.53	\$0.58	\$0.53
9	T4534		youth sized disposable incontinence product, protective underwear/pull-on, each	0-999	N	\$0.62	\$0.62	\$0.62	\$0.62
9	T4535		disposable liner/shield/guard/pad/undergarment, for incontinence, each	0-999	N	\$0.29	\$0.27	\$0.29	\$0.27
9	T4543		adult sized disposable incontinence product, protective brief/diaper, above extra large, each	0-999	N	\$0.94	\$0.94	\$0.94	\$0.94
9	T4544		adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	0-999	N	\$1.40	\$1.40	\$1.36	\$1.36
1	T5999		supply, not otherwise specified	3-18	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
1	Z0055		antimonilia medication for genital infection	0-999	N	\$14.00	\$14.00	\$14.00	\$14.00

*Type of Service (TOS)	
1	Medical Services
9	Other Medical Items or Services
J	Durable Medical Equipment Purchase - New
L	Durable Medical Equipment Rental - Monthly
*Modifier	
AW	Item Furnished in Conjunction with a Surgical Dressing (As
TF	Tracheostomy with specialized functions
TG	Custom-made tracheostomy
SC	Medically Necessary Service or Supply (150 per month)
U1	Hospital-Grade Blood Pressure Devices
U1*	240 per month
U4	Subcutaneous Injection Ports

<sup>1</sup> Please refer to the respiratory equipment and supplies rate hearing packet for more information regarding a policy change associated with procedure code.

Percent Change from Current Medicaid Fee
0.00%
0.00%
0.00%
0.00%
13.33%
-5.64%
2.08%
0.00%
0.00%
0.00%
0.00%
0.00%
46.01%
0.00%
0.00%
4.74%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%

Percent Change from Current Medicaid Fee
-21.88%
14.20%
0.00%
12.42%
30.00%
0.00%
-23.15%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
29.89%
29.17%
30.19%
30.04%
29.86%
29.55%
30.00%
26.87%
30.00%



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Percent Change from Current Medicaid Fee
0.00%
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0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
-8.45%
0.00%
0.00%
-18.16%

Percent Change from Current Medicaid Fee
0.00%
87.00%
24.75%
0.00%
0.00%
0.00%
-24.31%
1.18%
0.00%
0.00%
0.00%
4.76%
0.00%
-14.48%
5.42%
30.24%
0.00%
0.00%
0.00%
8.17%
26.26%
13.33%



Percent Change from Current Medicaid Fee
0.00%
0.00%
0.00%
0.00%
1.21%
0.00%
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0.00%
0.00%
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2.73%
0.00%
0.00%
0.00%
0.00%
0.00%
50.23%
21.48%
55.93%
0.00%
0.00%
0.00%
0.00%
-13.92%
-19.50%
-5.73%
30.00%

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Percent Change from Current Medicaid Fee
0.00%
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0.00%
8.65%
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8.69%
8.70%
8.71%
8.71%
8.71%

Percent Change from Current Medicaid Fee
8.71%
8.71%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
10.87%
0.00%
0.00%
0.00%
36.09%
0.00%
0.00%

Percent Change from Current Medicaid Fee
0.00%
-19.97%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
-21.57%
0.00%
0.00%
0.00%

Percent Change from Current Medicaid Fee
-26.67%
0.00%
0.00%
0.00%
-47.39%
0.00%
0.00%
0.00%
5.88%
0.00%



Percent Change from Current Medicaid Fee
4.12%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
29.99%
0.00%
0.00%

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Percent Change from Current Medicaid Fee
0.00%
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0.00%
0.00%
0.00%
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0.00%
8.93%
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0.00%
0.00%

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Percent Change from Current Medicaid Fee
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
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0.00%
0.00%
8.20%
0.00%
0.00%
37.41%
2.97%
-11.06%
28.19%
2.55%
-3.97%
-45.36%

Percent Change from Current Medicaid Fee
0.00%
16.04%
-5.09%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
-12.10%
-8.22%
-7.80%
-14.48%
-16.92%
0.00%
-2.74%
-17.50%
-2.99%
-19.85%

Percent Change from Current Medicaid Fee
-17.32%
-10.93%
-25.05%
9.68%
0.00%
-16.80%
-20.00%
-20.01%
-16.78%
-11.59%
-13.25%
-11.59%
63.47%
8.37%
73.66%
-10.67%
-6.02%



Percent Change from Current Medicaid Fee
-11.61%
0.00%
0.00%
-100.00%
-100.00%
0.00%
-100.00%
-100.00%
0.00%
18.00%
0.00%
1.08%
0.00%
0.00%
20.14%

Percent Change from Current Medicaid Fee
-19.26%
0.00%
0.00%
0.00%
0.00%
0.00%
30.00%
0.00%
0.00%
23.76%
0.00%
0.00%
19.06%
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0.00%

Percent Change from Current Medicaid Fee
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
7.14%
0.00%
0.00%
-2.60%

Percent Change from Current Medicaid Fee
0.00%
0.00%
0.00%
0.00%
-2.86%
0.00%
0.00%

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