

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						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	\$0.26	\$0.26	\$0.26	\$0.26	0.00%
9	A4207	syringe with needle, sterile 2 cc, each		0-999	N	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A4208	syringe with needle, sterile 3 cc, each		0-20	N	\$0.35	\$0.35	\$0.35	\$0.35	0.00%
9	A4209	syringe with needle, sterile 5 cc or greater, each		0-20	N	\$0.40	\$0.40	\$0.40	\$0.40	0.00%
9	A4211	supplies for self-administered injections	U4	21-999	2	\$2.04	\$2.04	\$2.04	\$2.04	0.00%
9	A4212	noncoring needle or stylet with or without catheter		21-999	2	\$20.76	\$20.76	\$20.76	\$20.76	0.00%
9	A4213	syringe, sterile, 20 cc or greater, each		0-20	2	\$0.49	\$0.49	\$0.49	\$0.49	0.00%
9	A4215	needle, sterile, any size, each		0-20	N	\$0.23	\$0.23	\$0.22	\$0.22	-4.35%
9	A4216	sterile water, saline and/or dextrose, diluent/flush, 10 ml		21-999	2	\$0.39	\$0.39	\$0.39	\$0.39	0.00%
9	A4217	sterile water/saline, 500 ml		21-999	2	\$3.13	\$3.13	\$3.13	\$3.13	0.00%
9	A4220	refill kit for implantable infusion pump		0-999	N	\$43.62	\$43.62	\$43.62	\$43.62	0.00%
9	A4222	infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)		0-999	2	\$35.89	\$35.89	\$35.89	\$35.89	0.00%
9	A4224	supplies for maintenance of insulin infusion catheter, per week		0-20	2	\$19.71	\$19.71	\$19.71	\$19.71	0.00%
9	A4225	supplies for external insulin infusion pump, syringe type cartridge, sterile, each		21-999	2	\$2.64	\$2.64	\$2.64	\$2.64	0.00%
9	A4230	infusion set for external insulin pump, nonneedle cannula type		0-20	2	\$11.55	\$11.55	\$11.55	\$11.55	0.00%
9	A4231	infusion set for external insulin pump, needle type		0-20	2	\$6.27	\$6.27	\$6.27	\$6.27	0.00%
9	A4232	syringe with needle for external insulin pump, sterile, 3 cc		21-999	2	\$2.61	\$2.61	\$2.61	\$2.61	0.00%
9	A4233	replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each		21-999	2	\$0.51	\$0.51	\$0.51	\$0.51	0.00%
9	A4234	replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each		0-20	2	\$2.36	\$2.36	\$2.36	\$2.36	0.00%
9	A4235	replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each		21-999	2	\$1.00	\$1.00	\$1.00	\$1.00	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4236	replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each		0-999	2	\$1.16	\$1.16	\$1.16	\$1.16	0.00%
9	A4244	alcohol or peroxide, per pint		0-20	2	\$0.85	\$0.85	\$0.85	\$0.85	0.00%
9	A4245	alcohol wipes, per box		0-20	N	\$1.88	\$1.88	\$1.88	\$1.88	0.00%
9	A4246	betadine or phiso hex solution, per pint		21-999	2	\$4.95	\$4.95	\$5.78	\$5.78	16.77%
9	A4247	betadine or iodine swabs/wipes, per box		21-999	2	\$7.58	\$7.58	\$7.88	\$7.88	3.96%
9	A4248	chlorhexidine containing antiseptic, 1 ml		0-20	2	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A4250	urine test or reagent strips or tablets (100 tablets or strips)		0-20	2	\$15.12	\$15.12	\$15.12	\$15.12	0.00%
9	A4252	blood ketone test or reagent strip, each		21-999	2	\$6.24	\$6.24	\$4.35	\$4.35	-30.29%
9	A4253	blood glucose test or reagent strips for home blood glucose monitor, per 50 strips		21-999	2	\$28.28	\$28.28	\$13.00	\$13.00	-54.03%
9	A4256	normal, low, and high calibrator solution/chips		0-20	2	\$3.38	\$3.38	\$3.38	\$3.38	0.00%
9	A4258	spring-powered device for lancet, each		0-20	2	\$2.12	\$2.12	\$2.12	\$2.12	0.00%
9	A4259	lancets, per box of 100		21-999	2	\$11.10	\$11.10	\$9.99	\$9.99	-10.00%
9	A4263	permanent, long-term, nondissolvable lacrimal duct implant, each		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4265	paraffin, per pound		0-999	N/F	\$3.23	\$3.23	\$3.23	\$3.23	0.00%
9	A4280	adhesive skin support attachment for use with external breast prosthesis, each		0-20	2	\$4.71	\$4.71	\$4.71	\$4.71	0.00%
9	A4281	tubing for breast pump, replacement		21-999	2	\$4.65	\$4.65	\$4.16	\$4.16	-10.54%
9	A4282	adapter for breast pump, replacement		0-20	2	\$0.62	\$0.62	\$0.55	\$0.55	-11.29%
9	A4283	cap for breast pump bottle, replacement		21-999	2	\$0.69	\$0.69	\$0.62	\$0.62	-10.14%
9	A4284	breast shield and splash protector for use with breast pump, replacement		0-20	2	\$9.09	\$9.09	\$9.09	\$9.09	0.00%
9	A4285	polycarbonate bottle for use with breast pump, replacement		21-999	2	\$2.87	\$2.87	\$2.87	\$2.87	0.00%
9	A4286	locking ring for breast pump, replacement		0-20	2	\$0.57	\$0.57	\$0.57	\$0.57	0.00%
9	A4290	sacral nerve stimulation test lead, each		21-999	N/F	\$490.36	\$490.36	\$107.06	\$107.06	-78.17%
9	A4300	implantable access catheter, (e.g., venous, arterial, epidural, subarachnoid, or peritoneal, etc.) external access		0-20	N	\$10.86	\$10.86	\$8.26	\$8.26	-23.94%
9	A4301	implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)		21-999	N/F	\$41.86	\$41.86	\$32.86	\$32.86	-21.50%
9	A4305	disposable drug delivery system, flow rate of 50 ml or greater per hour		0-20	2	\$20.93	\$20.93	\$20.93	\$20.93	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4306	disposable drug delivery system, flow rate of less than 50 ml per hour		21-999	2	\$18.33	\$18.33	\$18.33	\$18.33	0.00%
9	A4310	insertion tray without drainage bag and without catheter (accessories only)		0-20	2	\$5.47	\$5.47	\$5.47	\$5.47	0.00%
9	A4311	insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)		21-999	2	\$10.72	\$10.72	\$10.72	\$10.72	0.00%
9	A4312	insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone		0-999	2	\$14.65	\$14.65	\$14.65	\$14.65	0.00%
9	A4313	insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation		0-999	2	\$17.01	\$17.01	\$17.01	\$17.01	0.00%
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	2	\$20.64	\$20.64	\$20.64	\$20.64	0.00%
9	A4315	insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone		0-999	2	\$20.64	\$20.64	\$20.64	\$20.64	0.00%
9	A4316	insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation		0-999	2	\$23.01	\$23.01	\$23.01	\$23.01	0.00%
9	A4320	irrigation tray with bulb or piston syringe, any purpose		0-999	2	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4321	therapeutic agent for urinary catheter irrigation		0-999	N	\$8.28	\$8.28	\$6.75	\$6.75	-18.48%
9	A4322	irrigation syringe, bulb or piston, each		0-999	2	\$2.35	\$2.35	\$2.35	\$2.35	0.00%
9	A4326	male external catheter with integral collection chamber, any type, each		0-999	2	\$10.79	\$10.79	\$10.79	\$10.79	0.00%
9	A4327	female external urinary collection device; meatal cup, each		0-999	2	\$38.54	\$38.54	\$38.54	\$38.54	0.00%
9	A4328	female external urinary collection device; pouch, each		0-999	2	\$6.83	\$6.83	\$6.83	\$6.83	0.00%
9	A4330	perianal fecal collection pouch with adhesive, each		0-999	2	\$5.65	\$5.65	\$5.65	\$5.65	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4331	extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each		0-999	2	\$2.50	\$2.50	\$2.50	\$2.50	0.00%
9	A4332	lubricant, individual sterile packet, each		0-20	2	\$0.10	\$0.10	\$0.10	\$0.10	0.00%
9	A4333	urinary catheter anchoring device, adhesive skin attachment, each		21-999	2	\$1.73	\$1.73	\$1.73	\$1.73	0.00%
9	A4334	urinary catheter anchoring device, leg strap, each		0-20	2	\$3.88	\$3.88	\$3.88	\$3.88	0.00%
1	A4335	incontinence supply; miscellaneous		21-999	2	\$3.09	\$2.84	\$2.84	\$2.84	0.00%
9	A4335	incontinence supply; miscellaneous		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4338	indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		21-999	2	\$10.44	\$10.44	\$10.44	\$10.44	0.00%
9	A4340	indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each		0-20	2	\$17.87	\$17.87	\$18.48	\$18.48	3.41%
9	A4344	indwelling catheter, foley type, two-way, all silicone, each		21-999	2	\$10.66	\$10.66	\$10.66	\$10.66	0.00%
9	A4346	indwelling catheter; foley type, three-way for continuous irrigation, each		0-20	2	\$13.27	\$13.27	\$13.27	\$13.27	0.00%
9	A4349	male external catheter, with or without adhesive, disposable, each		21-999	2	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
9	A4351	intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		0-20	2	\$1.81	\$1.81	\$1.81	\$1.81	0.00%
9	A4351	intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	SC	21-999	2	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4352	intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		0-20	2	\$5.07	\$5.07	\$5.07	\$5.07	0.00%
9	A4353	intermittent urinary catheter, with insertion supplies		21-999	2	\$6.66	\$6.66	\$6.66	\$6.66	0.00%
9	A4354	insertion tray with drainage bag but without catheter		0-20	2	\$10.06	\$10.06	\$10.06	\$10.06	0.00%
9	A4355	irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each		21-999	2	\$7.94	\$7.94	\$7.94	\$7.94	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4356	external urethral clamp or compression device (not to be used for catheter clamp), each		0-20	2	\$30.40	\$30.40	\$30.40	\$30.40	0.00%
9	A4357	bedside drainage bag, day or night, with or without antireflux device, with or without tube, each		21-999	2	\$7.65	\$7.65	\$7.65	\$7.65	0.00%
9	A4358	urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each		0-20	2	\$6.23	\$6.23	\$6.23	\$6.23	0.00%
9	A4360	disposable external urethral clamp or compression device, with pad and/or pouch, each		21-999	2	\$0.43	\$0.43	\$0.43	\$0.43	0.00%
9	A4361	ostomy faceplate, each		0-20	2	\$18.37	\$18.37	\$18.37	\$18.37	0.00%
9	A4362	skin barrier; solid, 4 x 4 or equivalent; each		21-999	2	\$2.64	\$2.64	\$2.64	\$2.64	0.00%
9	A4363	ostomy clamp, any type, replacement only, each		0-20	2	\$2.17	\$2.17	\$2.17	\$2.17	0.00%
9	A4364	adhesive, liquid or equal, any type, per oz		21-999	2	\$2.84	\$2.84	\$2.84	\$2.84	0.00%
9	A4366	ostomy vent, any type, each		0-20	2	\$1.03	\$1.03	\$1.03	\$1.03	0.00%
9	A4367	ostomy belt, each		21-999	2	\$7.15	\$7.15	\$7.15	\$7.15	0.00%
9	A4368	ostomy filter, any type, each		0-20	2	\$0.25	\$0.25	\$0.25	\$0.25	0.00%
9	A4369	ostomy skin barrier, liquid (spray, brush, etc.), per oz		21-999	2	\$2.30	\$2.30	\$2.30	\$2.30	0.00%
9	A4371	ostomy skin barrier, powder, per oz		0-20	2	\$3.83	\$3.83	\$3.83	\$3.83	0.00%
9	A4372	ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each		21-999	2	\$3.98	\$3.98	\$3.98	\$3.98	0.00%
9	A4373	ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each		0-20	2	\$5.99	\$5.99	\$5.99	\$5.99	0.00%
9	A4375	ostomy pouch, drainable, with faceplate attached, plastic, each		21-999	2	\$16.38	\$16.38	\$16.38	\$16.38	0.00%
9	A4376	ostomy pouch, drainable, with faceplate attached, rubber, each		0-20	2	\$45.38	\$45.38	\$45.38	\$45.38	0.00%
9	A4377	ostomy pouch, drainable, for use on faceplate, plastic, each		21-999	2	\$4.09	\$4.09	\$4.09	\$4.09	0.00%
9	A4378	ostomy pouch, drainable, for use on faceplate, rubber, each		0-20	2	\$29.33	\$29.33	\$29.33	\$29.33	0.00%
9	A4379	ostomy pouch, urinary, with faceplate attached, plastic, each		21-999	2	\$14.33	\$14.33	\$14.33	\$14.33	0.00%
9	A4380	ostomy pouch, urinary, with faceplate attached, rubber, each		0-20	2	\$35.60	\$35.60	\$35.60	\$35.60	0.00%
9	A4381	ostomy pouch, urinary, for use on faceplate, plastic, each		21-999	2	\$4.40	\$4.40	\$4.40	\$4.40	0.00%
9	A4382	ostomy pouch, urinary, for use on faceplate, heavy plastic, each		0-20	2	\$23.48	\$23.48	\$23.48	\$23.48	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4383	ostomy pouch, urinary, for use on faceplate, rubber, each		21-999	2	\$26.89	\$26.89	\$26.89	\$26.89	0.00%
9	A4384	ostomy faceplate equivalent, silicone ring, each		0-20	2	\$9.18	\$9.18	\$9.18	\$9.18	0.00%
9	A4385	ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each		21-999	2	\$5.25	\$5.25	\$5.25	\$5.25	0.00%
9	A4387	ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each		0-20	2	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A4388	ostomy pouch, drainable, with extended wear barrier attached, (one piece), each		21-999	2	\$4.58	\$4.58	\$4.58	\$4.58	0.00%
9	A4389	ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each		0-20	2	\$5.93	\$5.93	\$5.93	\$5.93	0.00%
9	A4390	ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each		21-999	2	\$9.17	\$9.17	\$9.17	\$9.17	0.00%
9	A4391	ostomy pouch, urinary, with extended wear barrier attached (one piece), each		0-20	2	\$6.74	\$6.74	\$6.74	\$6.74	0.00%
9	A4392	ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each		21-999	2	\$6.34	\$6.34	\$6.34	\$6.34	0.00%
9	A4393	ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each		0-20	2	\$8.75	\$8.75	\$8.75	\$8.75	0.00%
9	A4394	ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz		21-999	2	\$2.50	\$2.50	\$2.50	\$2.50	0.00%
9	A4395	ostomy deodorant for use in ostomy pouch, solid, per tablet		0-20	2	\$0.05	\$0.05	\$0.05	\$0.05	0.00%
9	A4396	ostomy belt with peristomal hernia support		21-999	2	\$38.61	\$38.61	\$38.61	\$38.61	0.00%
9	A4397	irrigation supply; sleeve, each		0-20	2	\$4.41	\$4.41	\$4.41	\$4.41	0.00%
9	A4398	ostomy irrigation supply; bag, each		21-999	2	\$10.84	\$10.84	\$10.84	\$10.84	0.00%
9	A4399	ostomy irrigation supply; cone/catheter, with or without brush		0-20	2	\$8.18	\$8.18	\$8.18	\$8.18	0.00%
9	A4400	ostomy irrigation set		21-999	2	\$46.88	\$46.88	\$46.88	\$46.88	0.00%
9	A4402	lubricant, per oz		0-20	2	\$1.52	\$1.52	\$1.52	\$1.52	0.00%
9	A4404	ostomy ring, each		21-999	2	\$1.55	\$1.55	\$1.55	\$1.55	0.00%
9	A4405	ostomy skin barrier, nonpectin-based, paste, per oz		0-20	2	\$3.35	\$3.35	\$3.35	\$3.35	0.00%
9	A4406	ostomy skin barrier, pectin-based, paste, per oz		21-999	2	\$6.02	\$6.02	\$6.02	\$6.02	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4407	ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each		0-20	2	\$9.19	\$9.19	\$9.19	\$9.19	0.00%
9	A4408	ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each		21-999	2	\$9.87	\$9.87	\$9.87	\$9.87	0.00%
9	A4409	ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each		0-20	2	\$6.52	\$6.52	\$6.52	\$6.52	0.00%
9	A4410	ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each		21-999	2	\$9.04	\$9.04	\$9.04	\$9.04	0.00%
9	A4411	ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each		0-20	2	\$3.72	\$3.72	\$3.72	\$3.72	0.00%
9	A4412	ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each		21-999	2	\$2.84	\$2.84	\$2.84	\$2.84	0.00%
9	A4413	ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each		0-20	2	\$5.50	\$5.50	\$5.50	\$5.50	0.00%
9	A4414	ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each		21-999	2	\$5.17	\$5.17	\$5.17	\$5.17	0.00%
9	A4415	ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each		0-20	2	\$6.29	\$6.29	\$6.29	\$6.29	0.00%
9	A4416	ostomy pouch, closed, with barrier attached, with filter (one piece), each		21-999	2	\$2.17	\$2.17	\$2.17	\$2.17	0.00%
9	A4417	ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each		0-20	2	\$2.93	\$2.93	\$2.93	\$2.93	0.00%
9	A4418	ostomy pouch, closed; without barrier attached, with filter (one piece), each		21-999	2	\$1.81	\$1.81	\$1.81	\$1.81	0.00%
9	A4419	ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each		0-20	2	\$1.37	\$1.37	\$1.37	\$1.37	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4420	ostomy pouch, closed; for use on barrier with locking flange (two piece), each		21-999	2	\$1.89	\$1.89	\$1.89	\$1.89	0.00%
9	A4421	ostomy supply; miscellaneous		0-20	2	\$23.00	\$23.00	Manually Price	Manually Price	0.00%
9	A4422	ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each		21-999	2	\$0.12	\$0.12	\$0.12	\$0.12	0.00%
9	A4423	ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each		0-20	2	\$1.46	\$1.46	\$1.46	\$1.46	0.00%
9	A4424	ostomy pouch, drainable, with barrier attached, with filter (one piece), each		21-999	2	\$3.74	\$3.74	\$3.74	\$3.74	0.00%
9	A4425	ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each		0-20	2	\$2.82	\$2.82	\$2.82	\$2.82	0.00%
9	A4426	ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each		21-999	2	\$2.15	\$2.15	\$2.15	\$2.15	0.00%
9	A4427	ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each		0-20	2	\$2.19	\$2.19	\$2.19	\$2.19	0.00%
9	A4428	ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each		21-999	2	\$6.83	\$6.83	\$6.83	\$6.83	0.00%
9	A4429	ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each		0-20	2	\$6.49	\$6.49	\$6.49	\$6.49	0.00%
9	A4430	ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each		21-999	2	\$6.70	\$6.70	\$6.70	\$6.70	0.00%
9	A4431	ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each		0-20	2	\$4.89	\$4.89	\$4.89	\$4.89	0.00%
9	A4432	ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each		21-999	2	\$2.83	\$2.83	\$2.83	\$2.83	0.00%
9	A4433	ostomy pouch, urinary; for use on barrier with locking flange (two piece), each		0-20	2	\$2.63	\$2.63	\$2.63	\$2.63	0.00%
9	A4434	ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each		21-999	2	\$2.96	\$2.96	\$2.96	\$2.96	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4435	ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each		0-20	2	\$4.70	\$4.70	\$4.70	\$4.70	0.00%
9	A4450	tape, nonwaterproof, per 18 sq in		21-999	2	\$0.09	\$0.09	\$0.09	\$0.09	0.00%
9	A4452	tape, waterproof, per 18 sq in		0-999	2	\$0.36	\$0.36	\$0.36	\$0.36	0.00%
9	A4455	adhesive remover or solvent (for tape, cement or other adhesive), per oz		0-20	2	\$1.22	\$1.22	\$1.22	\$1.22	0.00%
9	A4456	adhesive remover, wipes, any type, each		21-999	2	\$0.26	\$0.26	\$0.26	\$0.26	0.00%
9	A4461	surgical dressing holder, nonreusable, each		0-999	2	\$3.29	\$3.29	\$3.29	\$3.29	0.00%
9	A4465	nonelastic binder for extremity		0-20	2	\$18.31	\$18.31	\$13.54	\$13.54	-26.05%
9	A4467	belt, strap, sleeve, garment, or covering, any type		21-999	2	\$54.00	\$54.00	\$51.24	\$51.24	-5.11%
9	A4481	tracheostoma filter, any type, any size, each		0-20	2	\$0.37	\$0.37	\$0.37	\$0.37	0.00%
9	A4483	moisture exchanger, disposable, for use with invasive mechanical ventilation		21-999	2	\$4.28	\$4.28	\$4.28	\$4.28	0.00%
9	A4490	surgical stockings above knee length, each		0-20	2	\$17.80	\$17.80	\$17.13	\$17.13	-3.76%
9	A4495	surgical stockings thigh length, each		21-999	2	\$39.27	\$39.27	\$37.79	\$37.79	-3.77%
9	A4500	surgical stockings below knee length, each		0-20	2	\$14.97	\$14.97	\$14.41	\$14.41	-3.74%
9	A4510	surgical stockings full-length, each		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4554	disposable underpads, all sizes		0-20	2	\$0.31	\$0.31	\$0.31	\$0.31	0.00%
9	A4556	electrodes (e.g., apnea monitor), per pair		21-999	N	\$12.14	\$12.14	\$12.14	\$12.14	0.00%
9	A4557	lead wires (e.g., apnea monitor), per pair		0-20	N	\$15.97	\$15.97	\$13.24	\$13.24	-17.09%
9	A4558	conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz		21-999	N	\$2.61	\$2.61	\$2.70	\$2.70	3.45%
9	A4561	pessary, rubber, any type		0-20	2	\$19.00	\$19.00	\$19.00	\$19.00	0.00%
9	A4562	pessary, nonrubber, any type		21-999	2	\$47.26	\$47.26	\$47.26	\$47.26	0.00%
9	A4565	slings		0-20	N/F	\$8.41	\$8.41	\$8.41	\$8.41	0.00%
9	A4566	shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment		21-999	2	\$105.10	\$105.10	\$105.10	\$105.10	0.00%
9	A4570	splint		0-20	N/F	\$31.01	\$31.01	\$31.01	\$31.01	0.00%
9	A4595	electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)		21-999	N	\$21.69	\$21.69	\$15.95	\$15.95	-26.46%
9	A4600	sleeve for intermittent limb compression device, replacement only, each		0-20	2	\$39.26	\$39.26	\$39.26	\$39.26	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4601	lithium-ion battery, rechargeable, for nonprosthetic use, replacement		21-999	2	\$2.67	\$2.67	\$2.67	\$2.67	0.00%
9	A4602	replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each		0-20	2	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A4605	tracheal suction catheter, closed system, each		21-999	2	\$16.40	\$16.40	\$16.40	\$16.40	0.00%
9	A4606	oxygen probe for use with oximeter device, replacement		0-20	2	\$35.44	\$35.44	\$35.44	\$35.44	0.00%
9	A4606	oxygen probe for use with oximeter device, replacement	U5	21-999	2	\$187.13	\$187.13	\$187.13	\$187.13	0.00%
9	A4611	battery, heavy-duty; replacement for patient-owned ventilator		0-20	2	\$144.56	\$144.56	\$144.56	\$144.56	0.00%
9	A4612	battery cables; replacement for patient-owned ventilator		21-999	2	\$60.00	\$60.00	\$60.00	\$60.00	0.00%
9	A4613	battery charger; replacement for patient-owned ventilator		0-20	2	\$112.68	\$112.68	\$112.68	\$112.68	0.00%
9	A4614	peak expiratory flow rate meter, hand held		21-999	2	\$22.68	\$22.68	\$22.68	\$22.68	0.00%
9	A4615	cannula, nasal		0-20	2	\$0.75	\$0.75	\$0.75	\$0.75	0.00%
9	A4616	tubing (oxygen), per foot		21-999	2	\$0.07	\$0.07	\$0.07	\$0.07	0.00%
9	A4617	mouthpiece		0-20	2	\$3.25	\$3.25	\$3.25	\$3.25	0.00%
9	A4618	breathing circuits		21-999	2	\$4.26	\$4.26	\$4.40	\$4.40	3.29%
9	A4619	face tent		0-20	2	\$1.21	\$1.21	\$1.21	\$1.21	0.00%
9	A4620	variable concentration mask		21-999	2	\$0.62	\$0.62	\$0.62	\$0.62	0.00%
9	A4623	tracheostomy, inner cannula		0-20	2	\$5.28	\$5.28	\$5.28	\$5.28	0.00%
9	A4623	tracheostomy, inner cannula	U3	21-999	2	\$3.15	\$3.15	\$3.25	\$3.25	3.17%
9	A4624	tracheal suction catheter, any type other than closed system, each		0-20	2	\$2.38	\$2.38	\$2.38	\$2.38	0.00%
9	A4627	spacer, bag or reservoir, with or without mask, for use with metered dose inhaler		21-999	2	\$30.82	\$30.82	\$30.82	\$30.82	0.00%
9	A4628	oropharyngeal suction catheter, each		0-20	2	\$3.65	\$3.65	\$3.65	\$3.65	0.00%
9	A4629	tracheostomy care kit for established tracheostomy		21-999	2	\$4.30	\$4.30	\$4.30	\$4.30	0.00%
9	A4630	replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient		0-20	N	\$6.56	\$6.56	\$6.56	\$6.56	0.00%
9	A4635	underarm pad, crutch, replacement, each		21-999	2	\$2.58	\$2.58	\$2.58	\$2.58	0.00%
9	A4636	replacement, handgrip, cane, crutch, or walker, each		0-20	2	\$3.01	\$3.01	\$3.01	\$3.01	0.00%
9	A4637	replacement, tip, cane, crutch, walker, each		21-999	2	\$1.64	\$1.64	\$1.64	\$1.64	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4640	replacement pad for use with medically necessary alternating pressure pad owned by patient		0-20	N	\$45.89	\$45.89	\$45.89	\$45.89	0.00%
9	A4648	tissue marker, implantable, any type, each		21-999	F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4651	calibrated microcapillary tube, each		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4652	microcapillary tube sealant		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4657	syringe, with or without needle, each		0-20	2	\$0.70	\$0.70	\$0.70	\$0.70	0.00%
9	A4660	sphygmomanometer/blood pressure apparatus with cuff and stethoscope		21-999	N	\$28.20	\$28.20	\$28.20	\$28.20	0.00%
9	A4663	blood pressure cuff only		0-20	N/F	\$25.76	\$25.76	\$25.76	\$25.76	0.00%
9	A4670	automatic blood pressure monitor		21-999	N	\$62.30	\$62.30	\$62.30	\$62.30	0.00%
9	A4680	activated carbon filter for hemodialysis, each		0-20	N	\$182.74	\$182.74	\$182.74	\$182.74	0.00%
9	A4690	dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4706	bicarbonate concentrate, solution, for hemodialysis, per gallon		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4707	bicarbonate concentrate, powder, for hemodialysis, per packet		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4708	acetate concentrate solution, for hemodialysis, per gallon		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4709	acid concentrate, solution, for hemodialysis, per gallon		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4714	treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4719	"y set" tubing for peritoneal dialysis		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4720	dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4721	dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4722	dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4723	dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4724	dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4725	dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4726	dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4730	fistula cannulation set for hemodialysis, each		21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4736	topical anesthetic, for dialysis, per g		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4737	injectable anesthetic, for dialysis, per 10 ml		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4740	shunt accessory, for hemodialysis, any type, each		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4750	blood tubing, arterial or venous, for hemodialysis, each		21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4755	blood tubing, arterial and venous combined, for hemodialysis, each		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4760	dialysate solution test kit, for peritoneal dialysis, any type, each		21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4765	dialysate concentrate, powder, additive for peritoneal dialysis, per packet		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4766	dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4772	blood glucose test strips, for dialysis, per 50		0-20	N	\$33.23	\$33.23	\$33.23	\$33.23	0.00%
9	A4773	occult blood test strips, for dialysis, per 50		21-999	N	\$27.46	\$27.46	\$27.46	\$27.46	0.00%
9	A4774	ammonia test strips, for dialysis, per 50		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4802	protamine sulfate, for hemodialysis, per 50 mg		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4860	disposable catheter tips for peritoneal dialysis, per 10		0-20	N	\$6.15	\$6.15	\$6.15	\$6.15	0.00%
9	A4911	drain bag/bottle, for dialysis, each		21-999	2	\$6.15	\$6.15	\$2.11	\$2.11	-65.69%
9	A4913	miscellaneous dialysis supplies, not otherwise specified		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A4918	venous pressure clamp, for hemodialysis, each		21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A4927	gloves, nonsterile, per 100		0-20	2	\$7.78	\$7.78	\$7.78	\$7.78	0.00%
9	A4928	surgical mask, per 20		21-999	2	\$24.16	\$24.16	\$24.16	\$24.16	0.00%
9	A4929	tourniquet for dialysis, each		0-20	2	\$1.24	\$1.24	\$1.24	\$1.24	0.00%
9	A4930	gloves, sterile, per pair		21-999	2	\$0.77	\$0.77	\$0.77	\$0.77	0.00%
9	A4931	oral thermometer, reusable, any type, each		0-20	2	\$5.42	\$5.42	\$5.42	\$5.42	0.00%
9	A4932	rectal thermometer, reusable, any type, each		21-999	2	\$5.42	\$5.42	\$5.42	\$5.42	0.00%
9	A5051	ostomy pouch, closed; with barrier attached (one piece), each		0-20	2	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
9	A5052	ostomy pouch, closed; without barrier attached (one piece), each		21-999	2	\$1.31	\$1.31	\$1.31	\$1.31	0.00%
9	A5053	ostomy pouch, closed; for use on faceplate, each		0-20	2	\$1.36	\$1.36	\$1.36	\$1.36	0.00%
9	A5054	ostomy pouch, closed; for use on barrier with flange (two piece), each		21-999	2	\$1.90	\$1.90	\$1.90	\$1.90	0.00%
9	A5055	stoma cap		0-20	2	\$1.12	\$1.12	\$1.12	\$1.12	0.00%
9	A5056	ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each		21-999	2	\$3.76	\$3.76	\$3.76	\$3.76	0.00%
9	A5057	ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each		0-20	2	\$7.74	\$7.74	\$7.74	\$7.74	0.00%
9	A5061	ostomy pouch, drainable; with barrier attached, (one piece), each		21-999	2	\$3.90	\$3.90	\$3.90	\$3.90	0.00%
9	A5062	ostomy pouch, drainable; without barrier attached (one piece), each		0-20	2	\$2.09	\$2.09	\$2.09	\$2.09	0.00%
9	A5063	ostomy pouch, drainable; for use on barrier with flange (two-piece system), each		21-999	2	\$2.99	\$2.99	\$2.99	\$2.99	0.00%
9	A5071	ostomy pouch, urinary; with barrier attached (one piece), each		0-20	2	\$4.95	\$4.95	\$4.95	\$4.95	0.00%
9	A5072	ostomy pouch, urinary; without barrier attached (one piece), each		21-999	2	\$3.60	\$3.60	\$3.60	\$3.60	0.00%
9	A5073	ostomy pouch, urinary; for use on barrier with flange (two piece), each		0-20	2	\$3.34	\$3.34	\$3.34	\$3.34	0.00%
9	A5081	stoma plug or seal, any type		21-999	2	\$2.14	\$2.14	\$2.14	\$2.14	0.00%
9	A5082	continent device; catheter for continent stoma		0-20	2	\$9.66	\$9.66	\$9.66	\$9.66	0.00%
9	A5083	continent device, stoma absorptive cover for continent stoma		21-999	2	\$0.63	\$0.63	\$0.63	\$0.63	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A5093	ostomy accessory; convex insert		0-20	2	\$1.58	\$1.58	\$1.58	\$1.58	0.00%
9	A5102	bedside drainage bottle with or without tubing, rigid or expandable, each		21-999	2	\$23.52	\$23.52	\$23.52	\$23.52	0.00%
9	A5105	urinary suspensory with leg bag, with or without tube, each		0-20	2	\$34.23	\$34.23	\$34.23	\$34.23	0.00%
9	A5112	urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each		21-999	2	\$30.86	\$30.86	\$30.86	\$30.86	0.00%
9	A5113	leg strap; latex, replacement only, per set		0-20	2	\$3.55	\$3.55	\$3.55	\$3.55	0.00%
9	A5114	leg strap; foam or fabric, replacement only, per set		21-999	2	\$8.94	\$8.94	\$8.94	\$8.94	0.00%
9	A5120	skin barrier, wipes or swabs, each		0-20	2	\$0.26	\$0.26	\$0.26	\$0.26	0.00%
9	A5121	skin barrier; solid, 6 x 6 or equivalent, each		21-999	2	\$5.88	\$5.88	\$5.88	\$5.88	0.00%
9	A5122	skin barrier; solid, 8 x 8 or equivalent, each		0-20	2	\$8.78	\$8.78	\$8.78	\$8.78	0.00%
9	A5126	adhesive or nonadhesive; disk or foam pad		21-999	2	\$1.32	\$1.32	\$1.32	\$1.32	0.00%
9	A5131	appliance cleaner, incontinence and ostomy appliances, per 16 oz		0-20	2	\$13.81	\$13.81	\$13.81	\$13.81	0.00%
9	A5200	percutaneous catheter/tube anchoring device, adhesive skin attachment		21-999	2	\$10.77	\$10.77	\$10.77	\$10.77	0.00%
9	A5500	for diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe		0-20	N	\$66.76	\$66.76	\$66.76	\$66.76	0.00%
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		21-999	N	\$200.25	\$200.25	\$200.25	\$200.25	0.00%
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		0-20	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5504	for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe		21-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A5505	for diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe		0-20	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
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		21-999	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A5507	for diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe		0-20	N	\$29.69	\$29.69	\$29.69	\$29.69	0.00%
9	A6010	collagen based wound filler, dry form, sterile, per g of collagen		21-999	2	\$32.51	\$32.51	\$32.51	\$32.51	0.00%
9	A6011	collagen based wound filler, gel/paste, per g of collagen		0-20	2	\$2.39	\$2.39	\$2.39	\$2.39	0.00%
9	A6021	collagen dressing, sterile, size 16 sq in or less, each		21-999	2	\$20.79	\$20.79	\$20.79	\$20.79	0.00%
9	A6022	collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each		0-20	2	\$20.79	\$20.79	\$20.79	\$20.79	0.00%
9	A6023	collagen dressing, sterile, size more than 48 sq in, each		21-999	2	\$188.23	\$188.23	\$188.23	\$188.23	0.00%
9	A6024	collagen dressing wound filler, sterile, per 6 in		0-20	2	\$6.12	\$6.12	\$6.12	\$6.12	0.00%
9	A6025	gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each		21-999	2	\$15.30	\$15.30	\$17.64	\$17.64	15.29%
9	A6154	wound pouch, each		0-20	2	\$13.29	\$13.29	\$13.29	\$13.29	0.00%
9	A6196	alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing		21-999	2	\$7.01	\$7.01	\$7.01	\$7.01	0.00%
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 in, each dressing		0-20	2	\$15.68	\$15.68	\$15.68	\$15.68	0.00%
9	A6198	alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing		21-999	2	\$19.42	\$19.42	\$19.42	\$19.42	0.00%
9	A6199	alginate or other fiber gelling dressing, wound filler, sterile, per 6 in		0-20	2	\$5.04	\$5.04	\$5.04	\$5.04	0.00%
9	A6203	composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		21-999	2	\$3.19	\$3.19	\$3.19	\$3.19	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						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, each dressing		0-20	2	\$5.94	\$5.94	\$5.94	\$5.94	0.00%
9	A6205	composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		21-999	2	\$5.17	\$5.17	\$5.17	\$5.17	0.00%
9	A6206	contact layer, sterile, 16 sq in or less, each dressing		0-20	2	\$4.25	\$4.25	\$4.25	\$4.25	0.00%
9	A6207	contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing		21-999	2	\$7.00	\$7.00	\$7.00	\$7.00	0.00%
9	A6208	contact layer, sterile, more than 48 sq in, each dressing		0-20	2	\$66.61	\$66.61	\$66.61	\$66.61	0.00%
9	A6209	foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		21-999	2	\$7.14	\$7.14	\$7.14	\$7.14	0.00%
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		0-20	2	\$19.00	\$19.00	\$19.00	\$19.00	0.00%
9	A6211	foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		21-999	2	\$28.01	\$28.01	\$28.01	\$28.01	0.00%
9	A6212	foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		0-20	2	\$9.25	\$9.25	\$9.25	\$9.25	0.00%
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 adhesive border, each dressing		21-999	2	\$9.38	\$9.38	\$9.38	\$9.38	0.00%
9	A6214	foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		0-20	2	\$9.82	\$9.82	\$9.82	\$9.82	0.00%
9	A6215	foam dressing, wound filler, sterile, per g		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6216	gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing		0-20	2	\$0.05	\$0.05	\$0.05	\$0.05	0.00%
9	A6217	gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		21-999	2	\$0.11	\$0.11	\$0.11	\$0.11	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6218	gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6219	gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		21-999	2	\$0.91	\$0.91	\$0.91	\$0.91	0.00%
9	A6220	gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing		0-20	2	\$2.46	\$2.46	\$2.46	\$2.46	0.00%
9	A6221	gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		21-999	2	\$2.42	\$2.42	\$2.42	\$2.42	0.00%
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		0-20	2	\$2.03	\$2.03	\$2.03	\$2.03	0.00%
9	A6223	gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		21-999	2	\$2.30	\$2.30	\$2.30	\$2.30	0.00%
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		0-20	2	\$3.44	\$3.44	\$3.44	\$3.44	0.00%
9	A6228	gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing		21-999	2	\$1.80	\$1.80	\$1.80	\$1.80	0.00%
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		0-20	2	\$3.44	\$3.44	\$3.44	\$3.44	0.00%
9	A6230	gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing		21-999	2	\$1.77	\$1.77	\$1.77	\$1.77	0.00%
9	A6231	gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing		0-20	2	\$4.61	\$4.61	\$4.61	\$4.61	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
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		21-999	2	\$6.81	\$6.81	\$6.81	\$6.81	0.00%
9	A6233	gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing		0-20	2	\$18.98	\$18.98	\$18.98	\$18.98	0.00%
9	A6234	hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		21-999	2	\$6.24	\$6.24	\$6.24	\$6.24	0.00%
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 border, each dressing		0-20	2	\$16.05	\$16.05	\$16.05	\$16.05	0.00%
9	A6236	hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		21-999	2	\$25.99	\$25.99	\$25.99	\$25.99	0.00%
9	A6237	hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		0-20	2	\$7.54	\$7.54	\$7.54	\$7.54	0.00%
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		21-999	2	\$21.74	\$21.74	\$21.74	\$21.74	0.00%
9	A6239	hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		0-20	2	\$17.25	\$17.25	\$17.25	\$17.25	0.00%
9	A6240	hydrocolloid dressing, wound filler, paste, sterile, per oz		21-999	2	\$11.68	\$11.68	\$11.68	\$11.68	0.00%
9	A6241	hydrocolloid dressing, wound filler, dry form, sterile, per g		0-20	2	\$2.45	\$2.45	\$2.45	\$2.45	0.00%
9	A6242	hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		21-999	2	\$5.79	\$5.79	\$5.79	\$5.79	0.00%
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, each dressing		0-20	2	\$11.75	\$11.75	\$11.75	\$11.75	0.00%
9	A6244	hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		21-999	2	\$37.46	\$37.46	\$37.46	\$37.46	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6245	hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		0-20	2	\$6.93	\$6.93	\$6.93	\$6.93	0.00%
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		21-999	2	\$9.46	\$9.46	\$9.46	\$9.46	0.00%
9	A6247	hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		0-20	2	\$22.68	\$22.68	\$22.68	\$22.68	0.00%
9	A6248	hydrogel dressing, wound filler, gel, per fl oz		21-999	2	\$15.49	\$15.49	\$15.49	\$15.49	0.00%
1	A6250	skin sealants, protectants, moisturizers, ointments, any type, any size		0-20	2	\$5.16	\$5.16	\$4.57	\$4.57	-11.43%
9	A6250	skin sealants, protectants, moisturizers, ointments, any type, any size		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6251	specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing		0-20	2	\$1.90	\$1.90	\$1.90	\$1.90	0.00%
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		21-999	2	\$3.10	\$3.10	\$3.10	\$3.10	0.00%
9	A6253	specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing		0-20	2	\$6.05	\$6.05	\$6.05	\$6.05	0.00%
9	A6254	specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing		21-999	2	\$1.16	\$1.16	\$1.16	\$1.16	0.00%
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 size adhesive border, each dressing		0-20	2	\$2.89	\$2.89	\$2.89	\$2.89	0.00%
9	A6256	specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6257	transparent film, sterile, 16 sq in or less, each dressing		0-20	2	\$1.46	\$1.46	\$1.46	\$1.46	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6258	transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing		21-999	2	\$4.10	\$4.10	\$4.10	\$4.10	0.00%
9	A6259	transparent film, sterile, more than 48 sq in, each dressing		0-20	2	\$10.43	\$10.43	\$10.43	\$10.43	0.00%
9	A6260	wound cleansers, any type, any size		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6261	wound filler, gel/paste, per fl oz, not otherwise specified		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6262	wound filler, dry form, per g, not otherwise specified		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6266	gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd		0-20	2	\$1.83	\$1.83	\$1.83	\$1.83	0.00%
9	A6402	gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing		21-999	2	\$0.12	\$0.12	\$0.12	\$0.12	0.00%
9	A6403	gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing		0-20	2	\$0.41	\$0.41	\$0.41	\$0.41	0.00%
9	A6404	gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing		21-999	2	\$0.61	\$0.61	\$0.61	\$0.61	0.00%
9	A6407	packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd		0-20	2	\$1.88	\$1.88	\$1.88	\$1.88	0.00%
9	A6410	eye pad, sterile, each		21-999	2	\$0.34	\$0.34	\$0.34	\$0.34	0.00%
9	A6411	eye pad, nonsterile, each		0-20	2	\$0.31	\$0.31	\$0.31	\$0.31	0.00%
9	A6412	eye patch, occlusive, each		21-999	2	\$0.40	\$0.40	\$0.40	\$0.40	0.00%
9	A6441	padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd		0-20	2	\$0.67	\$0.67	\$0.67	\$0.67	0.00%
9	A6442	conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd		21-999	2	\$0.17	\$0.17	\$0.17	\$0.17	0.00%
9	A6443	conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd		0-20	2	\$0.29	\$0.29	\$0.29	\$0.29	0.00%
9	A6444	conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd		21-999	2	\$0.56	\$0.56	\$0.56	\$0.56	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6445	conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd		0-20	2	\$0.32	\$0.32	\$0.32	\$0.32	0.00%
9	A6446	conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd		21-999	2	\$0.41	\$0.41	\$0.41	\$0.41	0.00%
9	A6447	conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd		0-20	2	\$0.67	\$0.67	\$0.67	\$0.67	0.00%
9	A6448	light compression bandage, elastic, knitted/woven, width less than 3 in, per yd		21-999	2	\$1.16	\$1.16	\$1.16	\$1.16	0.00%
9	A6449	light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd		0-999	2	\$1.75	\$1.75	\$1.75	\$1.75	0.00%
9	A6450	light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd		0-999	2	\$1.94	\$1.94	\$1.94	\$1.94	0.00%
9	A6451	moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd		0-999	2	\$1.94	\$1.94	\$1.94	\$1.94	0.00%
9	A6452	high compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd		0-999	2	\$4.72	\$4.72	\$4.72	\$4.72	0.00%
9	A6453	self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd		0-20	2	\$0.61	\$0.61	\$0.61	\$0.61	0.00%
9	A6454	self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd		0-20	2	\$0.70	\$0.70	\$0.70	\$0.70	0.00%
9	A6455	self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd		21-999	2	\$0.77	\$0.77	\$0.81	\$0.81	5.19%
9	A6456	zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd		21-999	2	\$1.14	\$1.14	\$1.14	\$1.14	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6457	tubular dressing with or without elastic, any width, per linear yd		0-20	2	\$1.14	\$1.14	\$1.14	\$1.14	0.00%
9	A6501	compression burn garment, bodysuit (head to foot), custom fabricated		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6502	compression burn garment, chin strap, custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6503	compression burn garment, facial hood, custom fabricated		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6504	compression burn garment, glove to wrist, custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6505	compression burn garment, glove to elbow, custom fabricated		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6506	compression burn garment, glove to axilla, custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6507	compression burn garment, foot to knee length, custom fabricated		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6508	compression burn garment, foot to thigh length, custom fabricated		0-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6509	compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6510	compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6511	compression burn garment, lower trunk including leg openings (panty), custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6512	compression burn garment, not otherwise classified		21-999	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6513	compression burn mask, face and/or neck, plastic or equal, custom fabricated		0-20	N/F	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6530	gradient compression stocking, below knee, 18-30 mm hg, each		21-999	2	\$40.62	\$40.62	\$40.62	\$40.62	0.00%
9	A6531	gradient compression stocking, below knee, 30-40 mm hg, each		0-20	2	\$43.27	\$43.27	\$43.27	\$43.27	0.00%
9	A6532	gradient compression stocking, below knee, 40-50 mm hg, each		21-999	2	\$60.96	\$60.96	\$60.96	\$60.96	0.00%
9	A6533	gradient compression stocking, thigh length, 18-30 mm hg, each		0-20	2	\$67.33	\$67.33	\$67.33	\$67.33	0.00%
9	A6534	gradient compression stocking, thigh length, 30-40 mm hg, each		21-999	2	\$59.68	\$59.68	\$59.68	\$59.68	0.00%
9	A6535	gradient compression stocking, thigh length, 40-50 mm hg, each		0-20	2	\$73.64	\$73.64	\$73.64	\$73.64	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A6536	gradient compression stocking, full-length/chap style, 18-30 mm hg, each		21-999	2	\$70.76	\$70.76	\$70.76	\$70.76	0.00%
9	A6537	gradient compression stocking, full-length/chap style, 30-40 mm hg, each		0-20	2	\$70.76	\$70.76	\$70.76	\$70.76	0.00%
9	A6538	gradient compression stocking, full-length/chap style, 40-50 mm hg, each		0-20	2	\$79.51	\$79.51	\$79.51	\$79.51	0.00%
9	A6539	gradient compression stocking, waist length, 18-30 mm hg, each		21-999	2	\$41.43	\$41.43	\$41.43	\$41.43	0.00%
9	A6540	gradient compression stocking, waist length, 30-40 mm hg, each		21-999	2	\$85.00	\$85.00	\$85.00	\$85.00	0.00%
9	A6541	gradient compression stocking, waist length, 40-50 mm hg, each		0-20	2	\$130.78	\$130.78	\$130.78	\$130.78	0.00%
9	A6544	gradient compression stocking, garter belt		21-999	2	\$36.18	\$36.18	\$36.18	\$36.18	0.00%
9	A6545	gradient compression wrap, nonelastic, below knee, 30-50 mm hg, each	AW	0-20	2	\$65.84	\$65.84	\$53.94	\$53.94	-18.07%
9	A6549	gradient compression stocking/sleeve, not otherwise specified		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A6550	wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories		0-20	2	\$24.82	\$24.82	\$24.82	\$24.82	0.00%
9	A7000	canister, disposable, used with suction pump, each		21-999	2	\$8.24	\$8.24	\$8.24	\$8.24	0.00%
9	A7002	tubing, used with suction pump, each		0-20	2	\$3.10	\$3.10	\$3.10	\$3.10	0.00%
9	A7003	administration set, with small volume nonfiltered pneumatic nebulizer, disposable		0-20	2	\$2.18	\$2.18	\$1.90	\$1.90	-12.84%
9	A7004	small volume nonfiltered pneumatic nebulizer, disposable		21-999	2	\$1.34	\$1.34	\$1.34	\$1.34	0.00%
9	A7005	administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable		21-999	2	\$21.12	\$21.12	\$15.87	\$15.87	-24.86%
9	A7006	administration set, with small volume filtered pneumatic nebulizer		0-20	2	\$7.74	\$7.74	\$7.65	\$7.65	-1.16%
9	A7007	large volume nebulizer, disposable, unfilled, used with aerosol compressor		0-20	2	\$3.29	\$3.29	\$3.29	\$3.29	0.00%
9	A7009	reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer		21-999	2	\$37.24	\$37.24	\$37.24	\$37.24	0.00%
9	A7010	corrugated tubing, disposable, used with large volume nebulizer, 100 ft		21-999	2	\$19.50	\$19.50	\$16.21	\$16.21	-16.87%
9	A7012	water collection device, used with large volume nebulizer		0-20	2	\$2.97	\$2.97	\$2.96	\$2.96	-0.34%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A7013	filter, disposable, used with aerosol compressor or ultrasonic generator		0-20	2	\$0.65	\$0.65	\$0.58	\$0.58	-10.77%
9	A7014	filter, nondisposable, used with aerosol compressor or ultrasonic generator		21-999	2	\$3.31	\$3.31	\$3.31	\$3.31	0.00%
9	A7015	aerosol mask, used with dme nebulizer		21-999	2	\$1.48	\$1.48	\$1.45	\$1.45	-2.03%
9	A7016	dome and mouthpiece, used with small volume ultrasonic nebulizer		0-20	2	\$5.54	\$5.54	\$5.54	\$5.54	0.00%
9	A7017	nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen		21-999	2	\$100.46	\$100.46	\$100.46	\$100.46	0.00%
9	A7018	water, distilled, used with large volume nebulizer, 1000 ml		0-20	2	\$0.34	\$0.34	\$0.32	\$0.32	-5.88%
9	A7025	high frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each		21-999	2	\$48.96	\$48.96	\$48.96	\$48.96	0.00%
9	A7026	high frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each		0-20	2	\$30.19	\$30.19	\$30.19	\$30.19	0.00%
9	A7027	combination oral/nasal mask, used with continuous positive airway pressure device, each		21-999	2	\$149.22	\$149.22	\$149.22	\$149.22	0.00%
9	A7028	oral cushion for combination oral/nasal mask, replacement only, each		0-20	2	\$39.63	\$39.63	\$38.52	\$38.52	-2.80%
9	A7029	nasal pillows for combination oral/nasal mask, replacement only, pair		21-999	2	\$16.19	\$16.19	\$16.19	\$16.19	0.00%
9	A7030	full face mask used with positive airway pressure device, each		0-20	2	\$139.91	\$139.91	\$139.91	\$139.91	0.00%
9	A7031	face mask interface, replacement for full face mask, each		21-999	2	\$52.25	\$52.25	\$42.10	\$42.10	-19.43%
9	A7032	cushion for use on nasal mask interface, replacement only, each		0-20	2	\$29.95	\$29.95	\$23.99	\$23.99	-19.90%
9	A7033	pillow for use on nasal cannula type interface, replacement only, pair		0-20	2	\$22.21	\$22.21	\$18.55	\$18.55	-16.48%
9	A7034	nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		21-999	2	\$87.34	\$87.34	\$87.34	\$87.34	0.00%
9	A7035	headgear used with positive airway pressure device		21-999	2	\$26.83	\$26.83	\$26.83	\$26.83	0.00%
9	A7036	chinstrap used with positive airway pressure device		0-20	2	\$9.62	\$9.62	\$9.62	\$9.62	0.00%
9	A7037	tubing used with positive airway pressure device		21-999	2	\$25.09	\$25.09	\$25.09	\$25.09	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	A7038	filter, disposable, used with positive airway pressure device		0-20	2	\$3.63	\$3.63	\$3.63	\$3.63	0.00%
9	A7039	filter, nondisposable, used with positive airway pressure device		21-999	2	\$9.61	\$9.61	\$9.61	\$9.61	0.00%
9	A7046	water chamber for humidifier, used with positive airway pressure device, replacement, each		0-20	N	\$15.61	\$15.61	\$15.61	\$15.61	0.00%
9	A7048	vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each		21-999	2	\$35.41	\$35.41	\$35.41	\$35.41	0.00%
9	A7520	tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (pvc), silicone or equal, each		0-20	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7520	tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (pvc), silicone or equal, each	U1	21-999	N	\$53.44	\$53.44	\$53.44	\$53.44	0.00%
9	A7520	tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (pvc), silicone or equal, each	U2	0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A7521	tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (pvc), silicone or equal, each		21-999	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7521	tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (pvc), silicone or equal, each	U1	0-20	N	\$52.94	\$52.94	\$52.94	\$52.94	0.00%
9	A7521	tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (pvc), silicone or equal, each	U2	21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A7522	tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each		0-20	N	\$45.01	\$45.01	\$45.01	\$45.01	0.00%
9	A7523	tracheostomy shower protector, each		21-999	N	\$13.90	\$13.90	\$13.90	\$13.90	0.00%
9	A7525	tracheostomy mask, each		0-20	N	\$1.40	\$1.40	\$1.40	\$1.40	0.00%
9	A7526	tracheostomy tube collar/holder, each		21-999	N	\$1.91	\$1.91	\$1.98	\$1.98	3.66%
9	A8000	helmet, protective, soft, prefabricated, includes all components and accessories		0-20	2	\$153.35	\$153.35	\$153.35	\$153.35	0.00%
9	A8001	helmet, protective, hard, prefabricated, includes all components and accessories		21-999	2	\$153.35	\$153.35	\$153.35	\$153.35	0.00%
9	A8002	helmet, protective, soft, custom fabricated, includes all components and accessories		0-20	2	\$426.00	\$426.00	\$426.00	\$426.00	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						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		21-999	2	\$433.63	\$433.63	\$433.63	\$433.63	0.00%
9	A8004	soft interface for helmet, replacement only		0-20	2	\$90.00	\$90.00	\$90.00	\$90.00	0.00%
1	A9150	nonprescription drugs		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9152	single vitamin/mineral/trace element, oral, per dose, not otherwise specified		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9153	multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9272	wound suction, disposable, includes dressing, all accessories and components, any type, each		0-20	2	\$345.68	\$345.68	\$217.50	\$217.50	-37.08%
9	A9273	cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	A9274	external ambulatory insulin delivery system, disposable, each, includes all supplies and accessories		0-20	2	\$43.50	\$43.50	\$43.50	\$43.50	0.00%
9	A9275	home glucose disposable monitor, includes test strips		21-999	2	\$35.00	\$35.00	\$35.00	\$35.00	0.00%
J	A9279	monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	U1*	0-20	2	\$2,104.78	\$2,104.78	\$2,104.78	\$2,104.78	0.00%
L	A9279	monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	U1*	21-999	2	\$210.48	\$210.48	\$210.48	\$210.48	0.00%
9	A9284	spirometer, nonelectronic, includes all accessories		0-20	2	\$14.87	\$14.87	\$11.85	\$11.85	-20.31%
9	A9900	miscellaneous dme supply, accessory, and/or service component of another hcpcs code		21-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	T1999	miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"		0-20	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	T4521	adult sized disposable incontinence product, brief/diaper, small, each		21-999	2	\$0.53	\$0.53	\$0.53	\$0.53	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	T4522	adult sized disposable incontinence product, brief/diaper, medium, each		0-20	2	\$0.56	\$0.56	\$0.56	\$0.56	0.00%
9	T4523	adult sized disposable incontinence product, brief/diaper, large, each		21-999	2	\$0.65	\$0.60	\$0.60	\$0.60	0.00%
9	T4524	adult sized disposable incontinence product, brief/diaper, extra large, each		0-20	2	\$0.75	\$0.75	\$0.75	\$0.75	0.00%
9	T4525	adult sized disposable incontinence product, protective underwear/pull-on, small size, each		21-999	2	\$0.58	\$0.53	\$0.53	\$0.53	0.00%
9	T4526	adult sized disposable incontinence product, protective underwear/pull-on, medium size, each		0-20	2	\$0.68	\$0.63	\$0.63	\$0.63	0.00%
9	T4527	adult sized disposable incontinence product, protective underwear/pull-on, large size, each		21-999	2	\$0.83	\$0.76	\$0.76	\$0.76	0.00%
9	T4528	adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each		0-20	2	\$0.92	\$0.92	\$0.92	\$0.92	0.00%
9	T4529	pediatric sized disposable incontinence product, brief/diaper, small/medium size, each		21-999	2	\$0.30	\$0.30	\$0.30	\$0.30	0.00%
9	T4530	pediatric sized disposable incontinence product, brief/diaper, large size, each		0-20	2	\$0.54	\$0.50	\$0.50	\$0.50	0.00%
9	T4531	pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each		21-999	2	\$0.70	\$0.64	\$0.64	\$0.64	0.00%
9	T4532	pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each		0-20	2	\$0.80	\$0.80	\$0.80	\$0.80	0.00%
9	T4533	youth sized disposable incontinence product, brief/diaper, each		21-999	2	\$0.58	\$0.53	\$0.53	\$0.53	0.00%
9	T4534	youth sized disposable incontinence product, protective underwear/pull-on, each		0-20	2	\$0.62	\$0.62	\$0.62	\$0.62	0.00%
9	T4535	disposable liner/shield/guard/pad/ undergarment, for incontinence, each		21-999	2	\$0.29	\$0.27	\$0.27	\$0.27	0.00%
9	T4543	adult sized disposable incontinence product, protective brief/diaper, above extra large, each		0-20	2	\$0.94	\$0.94	\$0.94	\$0.94	0.00%

CFR Attachment 9 - DMEPOS Medical and Surgical Supplies- (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
9	T4544	adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each		21-999	2	\$1.29	\$1.29	\$1.29	\$1.29	0.00%
1	T5999	supply, not otherwise specified		0-20	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
9	T5999	supply, not otherwise specified		21-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	A9150	NON-PRESCRIPTION DRUGS	FP	0-20	N	\$14.00	\$14.00	\$2.34	\$2.34	-83.29%

***Type of Service (TOS)**

1	Medical Services
9	Other Medical Items or Services
J	DME Purchase - New
L	DME Rental - Monthly

Place of Service

2	Home
---	------

***Modifier**

AW	Item Furnished in Conjunction with a Surgical Dressing
SC	Medically Necessary Service or Supply
FP	SERVICE PROVIDED AS PART OF MEDICAID FAMILY PLANNING PROGRAM
U1	Tracheostomy with Specialized Functions
U1*	Hospital Grade Blood Pressure Devices
U2	Custom-Made Tracheostomy
U3	Disposable Tracheostomy - up to 31 per calendar month
U4	Subcutaneous Injection Parts
U5	Reusable Oxygen Probe - 1 unit per 6 calendar months

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2021 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.