## Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product’s 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. Deletions will have strikethroughs. ‘MAPC’ refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4206</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Syringe with needle, sterile, 1 ml or less,</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4207</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Syringe with needle, sterile 2 ml</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4208</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Syringe with needle, sterile 3 ml</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4209</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Syringe with needle, sterile 5 ml or greater</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4210</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Non-coring needle</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 27-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4213</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Syringe, bulb type (infant nasal aspirators, ear and ulcer bulb syringes)</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>one per 365-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4215</td>
<td>Syringe/Needle</td>
<td>Y</td>
<td>Needle, sterile, any size, each</td>
<td>Refer to the List of Contracted Sterile Needles</td>
<td>ea</td>
<td>N</td>
<td>100 per 27-day period</td>
<td></td>
<td>11/1/2017</td>
</tr>
<tr>
<td>A4223</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Infusion supplies not used with external infusion pump, per cassette or bag. Use to bill all necessary supplies that are not otherwise on this List of Medical Supplies Billing Codes (including but not limited to administrative sets and syringes, tubing, extension tubing, connecting devices and port caps) for the administration, without a pump, of non-insulin drugs.</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>30 per 27-day period</td>
<td>Bill one (1) quantity unit per each administrative/infusion set/kits or per each separate item (for example, one extension tubing is equal to one unit).</td>
<td>2/1/2020</td>
</tr>
<tr>
<td>A4224</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Alcohol*</td>
<td>By Report</td>
<td>ml</td>
<td>N</td>
<td>473 ml per 81-day period</td>
<td>&quot;Code I Restriction - 91% or 99% isopropyl only&quot;</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4225</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Alcohol wipes or 70% isopropyl alcohol swabsticks*</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td>&quot;Swabsticks are Code I Restricted - for use when cleansing the skin at central or peripheral catheter exit site during dressing changes and for intravenous starts.&quot;</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4246</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Betadine or phisohex solution</td>
<td>By Report</td>
<td>ml</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4247</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Povidone-iodine swabsticks*</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>200 per 27-day period</td>
<td>&quot;Code I Restriction - for use when cleansing the skin at central or peripheral catheter exit site during dressing changes and for intravenous starts.&quot;</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4248</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Chlorhexidine containing aniseptic, 1 ml</td>
<td>By Report</td>
<td>ml</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4256</td>
<td>Diabetic Supply</td>
<td>N</td>
<td>Normal, low and high calibrator solution / chips</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4305</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Disposable drug delivery system, flow rate of 50 ml or greater per hour</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4306</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Disposable drug delivery system, flow rate of less than 50 ml per hour</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
</tr>
</tbody>
</table>
Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. ‘MAPC’ refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray without drainage bag and without catheter (accessories only)</td>
<td>$7.3300</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4311</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (telfon, silicone, silicone elastomer, or hydrophilic, etc.)</td>
<td>$14.1000</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4312</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone</td>
<td>$17.1400</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4313</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation</td>
<td>$17.5900</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4314</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone</td>
<td>$24.0300</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4315</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone</td>
<td>$25.0700</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4316</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation</td>
<td>$26.9800</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4320</td>
<td>Urological Supply</td>
<td>N</td>
<td>Irrigation tray with bulb or piston syringe, any purpose</td>
<td>$4.3000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4322</td>
<td>Urological Supply</td>
<td>N</td>
<td>Irrigation syringe, bulb or piston, each</td>
<td>$2.8900</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4326</td>
<td>Urological Supply</td>
<td>N</td>
<td>Male external catheter with integral collection chamber, any type, each</td>
<td>$9.3500</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4327</td>
<td>Urological Supply</td>
<td>N</td>
<td>Female external urinary collection device; metal cup, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4328</td>
<td>Urological Supply</td>
<td>N</td>
<td>Female external urinary collection device; pouch, each</td>
<td>$9.9300</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4330</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Perianal fecal collection pouch with adhesive, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4331</td>
<td>Urological Supply</td>
<td>N</td>
<td>Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or suppository pouch, each</td>
<td>$3.0200</td>
<td>ea</td>
<td>N</td>
<td>12 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4332</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Lubricant, individual sterile packet*</td>
<td>$0.0290</td>
<td>gm</td>
<td>N</td>
<td>240 grams per 27-day period</td>
<td>&quot;Code I Restriction - For use with urological non-hydrophilic catheters only&quot;</td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4333</td>
<td>Urological Supply</td>
<td>N</td>
<td>Urinary catheter anchoring device, adhesive skin attachment, each</td>
<td>$7.5000</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4334</td>
<td>Urological Supply</td>
<td>N</td>
<td>Urinary catheter anchoring device, leg strap, each</td>
<td>$4.6800</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4338</td>
<td>Urological Supply</td>
<td>N</td>
<td>Indwelling catheter; Foley type, two-way latex with coating (telfon, silicone, silicone elastomer, or hydrophilic, etc.), each</td>
<td>$9.3200</td>
<td>ea</td>
<td>N</td>
<td>105 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4340</td>
<td>Urological Supply</td>
<td>N</td>
<td>Indwelling catheter; specialty type, eg. coude, mushroom, wing, etc., each</td>
<td>$23.0000</td>
<td>ea</td>
<td>N</td>
<td>105 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4344</td>
<td>Urological Supply</td>
<td>N</td>
<td>Indwelling catheter, Foley type, two-way, all silicone, each</td>
<td>$13.0000</td>
<td>ea</td>
<td>N</td>
<td>105 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4346</td>
<td>Urological Supply</td>
<td>N</td>
<td>Indwelling catheter; Foley type, three way for continuous irrigation, each</td>
<td>$15.0000</td>
<td>ea</td>
<td>N</td>
<td>105 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4349</td>
<td>Urological Supply</td>
<td>N</td>
<td>Male external catheter, with or without adhesive, disposable, each</td>
<td>$1.5000</td>
<td>ea</td>
<td>N</td>
<td>105 per 81-day period</td>
<td></td>
<td>Prior to 9/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>Billing Code (HCPCS)</td>
<td>Category</td>
<td>Restricted to Contracted Products (YN)</td>
<td>Description</td>
<td>MAPC per Unit of Measure (UOM)</td>
<td>UOM</td>
<td>TAR Required (Y/N)</td>
<td>Quantity Limits Without Authorization</td>
<td>Billing Notes</td>
<td>Effective Date of Change</td>
<td>Publication Date</td>
</tr>
<tr>
<td>---------------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>A4351</td>
<td>Urological Supply</td>
<td>Y</td>
<td>Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone elastomer, or hydrophilic, etc.), each</td>
<td>Refer to the List of Contracted Intermittent Urinary Catheters</td>
<td>ea</td>
<td>N</td>
<td>150 per 27-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4352</td>
<td>Urological Supply</td>
<td>Y</td>
<td>Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone elastomer, or hydrophilic, etc.), each</td>
<td>Refer to the List of Contracted Intermittent Urinary Catheters</td>
<td>ea</td>
<td>N</td>
<td>150 per 27-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4353</td>
<td>Urological Supply</td>
<td>N</td>
<td>Intermittent urinary catheter, with insertion supplies</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4354</td>
<td>Urological Supply</td>
<td>N</td>
<td>Insertion tray with drainage bag but without catheter</td>
<td>$11.2100</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4355</td>
<td>Urological Supply</td>
<td>N</td>
<td>Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each</td>
<td>$8.4600</td>
<td>ea</td>
<td>N</td>
<td>16 per 81-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4356</td>
<td>Urological Supply</td>
<td>N</td>
<td>External urethral clamp or compression device (not to be used for catheter clamp), each</td>
<td>$48.0000</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4357</td>
<td>Urological Supply</td>
<td>N</td>
<td>Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each</td>
<td>$9.2200</td>
<td>ea</td>
<td>N</td>
<td>9 per 81-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4358</td>
<td>Urological Supply</td>
<td>N</td>
<td>Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each</td>
<td>$6.2000</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4361</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy faceplate, each</td>
<td>$13.4500</td>
<td>ea</td>
<td>N</td>
<td>3 per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4362</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Skin barrier; solid 4&quot; x 4&quot; or equivalent, each</td>
<td>$3.9000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4363</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy clamp, any type, replacement only, each</td>
<td>$2.0000</td>
<td>ea</td>
<td>N</td>
<td>6 per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4364</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Adhesive, liquid or equal, any type</td>
<td>$0.2510</td>
<td>ml</td>
<td>N</td>
<td>360 gm per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4366</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy vent, any type, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4367</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy belt, each</td>
<td>$7.5000</td>
<td>ea</td>
<td>N</td>
<td>3 per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4368</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy filter, any type, each</td>
<td>$0.3000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4369</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, liquid (spray/brush etc)</td>
<td>$0.0700</td>
<td>ml</td>
<td>N</td>
<td>180 ml per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4371</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, powder</td>
<td>$0.2483</td>
<td>gm</td>
<td>N</td>
<td>180 gm per 81-day period</td>
<td>Prior to October 1, 2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4372</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, solid 4&quot; x 4&quot; or equivalent, standard wear, built-in convexity, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4373</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/flange (solid, flexible or accordion), w/built-in convexity, any size, each</td>
<td>$6.3600</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4375</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable with faceplate attached, plastic, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4376</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable with faceplate attached, rubber, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4377</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable for use on faceplate, plastic, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4378</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, for use on faceplate, rubber, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4379</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary, with faceplate attached, plastic, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4380</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary, with faceplate attached, rubber, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A4381</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary, for use on faceplate, plastic, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to September 16, 2015</td>
<td>September 2017</td>
<td></td>
</tr>
</tbody>
</table>
## Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be **bolded**. Deletions will have *strikethrough*. 'MAPC' refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4382</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary, for use on faceplate, heavy plastic, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>$5.00</td>
<td>ea</td>
<td>N</td>
</tr>
<tr>
<td>A4383</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary, for use on faceplate, rubber, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>$8.87</td>
<td>ea</td>
<td>N</td>
</tr>
<tr>
<td>A4384</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy faceplate equivalent, silicone ring, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>$6.91</td>
<td>ea</td>
<td>N</td>
</tr>
<tr>
<td>A4385</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, solid 4&quot; x 4&quot; or equivalent, extended wear, without built-in convexity, each</td>
<td>$9.00</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4387</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed w/barrier attached, w/built-in convexity (1-Pc), each</td>
<td>$3.72</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4388</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable w/extended wear barrier attached, (1-Pc), each</td>
<td>$4.50</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4389</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable w/barrier attached, w/built-in convexity (1-Pc), each</td>
<td>$8.87</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4390</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable w/extended wear barrier attached, w/built-in convexity (1-Pc), each</td>
<td>$8.87</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4391</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary w/extended wear barrier attached (1-Pc), each</td>
<td>$6.91</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4392</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary w/standard wear barrier attached, w/built-in convexity (1-Pc), each</td>
<td>$7.66</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>6/1/2016</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4393</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary w/extended wear barrier attached, w/built-in convexity (1-Pc), each</td>
<td>$9.00</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4394</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy deodorant with or without lubricant, for use in ostomy pouch</td>
<td>By Report</td>
<td>gm</td>
<td>N</td>
<td>720 ml per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4395</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy deodorant for use in ostomy pouch, solid, per tablet</td>
<td>$4.98</td>
<td>ea</td>
<td>N</td>
<td>12 per 81-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4396</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy belt w/peristomal hernia support</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>$14.50</td>
<td>ea</td>
<td>N</td>
</tr>
<tr>
<td>A4397</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy irrigation supply, cone/catheter, with or without brush</td>
<td>$11.00</td>
<td>ea</td>
<td>N</td>
<td>1 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4398</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy irrigation supply, bag, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>$14.50</td>
<td>ea</td>
<td>N</td>
</tr>
<tr>
<td>A4399</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy irrigation supply; cone/catheter, with or without brush</td>
<td>$14.50</td>
<td>ea</td>
<td>N</td>
<td>1 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4400</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy irrigation set</td>
<td>$50.00</td>
<td>ea</td>
<td>N</td>
<td>1 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4402</td>
<td>Ostomy/Urological Supply</td>
<td>N</td>
<td>Lubricant</td>
<td>$0.02</td>
<td>gm</td>
<td>N</td>
<td>240 grams per 27-day</td>
<td>For use with ostomy or urological supplies only</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4404</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy ring, each</td>
<td>$7.30</td>
<td>ea</td>
<td>N</td>
<td>30 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4405</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, non-pectin based, paste</td>
<td>$6.50</td>
<td>gm</td>
<td>N</td>
<td>350 gm per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4406</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier, pectin-based, paste</td>
<td>$6.20</td>
<td>gm</td>
<td>N</td>
<td>350 gm per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4407</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4&quot; x 4&quot; or smaller, each</td>
<td>$9.00</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4408</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4&quot; x 4&quot;, each</td>
<td>$9.00</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>6/1/2016</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4409</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/flange (solid, flexible or accordion), extended wear, w/o built-in convexity, 4&quot; x 4&quot; or smaller, each</td>
<td>$6.74</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4410</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/flange (solid, flexible or accordion), extended wear, w/o built-in convexity, larger than 4&quot; x 4&quot;, each</td>
<td>$7.00</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4411</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier solid 4&quot; x 4&quot; or equiv. extended wear, w/ built-in convexity, each</td>
<td>$5.3400</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4412</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, high output, for use on a barrier w/ flange (2-Pc system) w/ filter, each</td>
<td>$6.0000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4413</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, high output, for use on a barrier w/ flange (2-Pc system) w/ filter, each</td>
<td>$5.5000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4414</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/ flange (solid, flexible or accordion), w/ built-in convexity, 4&quot; x 4&quot; or smaller, each</td>
<td>$5.0000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4415</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy skin barrier w/ flange (solid, flexible or accordion), w/ built-in convexity, larger than 4&quot; x 4&quot;, each</td>
<td>$5.5000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4416</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed w/ barrier attached, w/ filter (1-Pc), each</td>
<td>$2.7000</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4417</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed w/ barrier attached, w/ built-in convexity, w/ filter (1-Pc), each</td>
<td>$3.7200</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4418</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed w/ barrier attached, w/ filter (1-Pc), each</td>
<td>$2.5500</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td></td>
<td>6/1/2016 September 2017</td>
</tr>
<tr>
<td>A4419</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed; for use on barrier w/ non-locking flange, w/ filter (2-Pc), each</td>
<td>$1.6700</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4420</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed; for use on barrier w/ locking flange (2-Pc), each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
</tr>
<tr>
<td>A4421</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy supply; MISCELLANEOUS</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
</tr>
<tr>
<td>A4422</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy absorbent material (sheet, pad, crystal packet) for use in ostomy pouch to thicken liquid stool output, each</td>
<td>$0.2200</td>
<td>ea</td>
<td>N</td>
<td>150 packets per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4423</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed; for use on barrier w/ locking flange, w/ filter (2-Pc), each</td>
<td>$1.9000</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4424</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, w/ barrier attached, w/ filter (1-Pc), each</td>
<td>$4.8000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4425</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, for use on barrier w/ non-locking flange, w/ filter (2-Pc system), each</td>
<td>$3.0000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4426</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, for use on barrier w/ locking flange (2-Pc system), each</td>
<td>$2.5400</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4427</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, for use on barrier w/ locking flange w/ filter (2-Pc system) each</td>
<td>$2.5400</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4428</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary with extended wear barrier attached, with faucet-type tap, with valve (1-Pc), each</td>
<td>$6.7700</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4429</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary with barrier attached, with built-in convexity, with faucet-type tap with valve (1-Pc), each</td>
<td>$8.5000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
</tr>
<tr>
<td>A4430</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary with extended wear barrier attached, with built-in convexity, with faucet-type tap, with valve (1-Pc), each</td>
<td>$7.0000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
<tr>
<td>A4431</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary w/ barrier attached, w/ faucet-type tap, w/ valve (1-Pc), each</td>
<td>$3.7500</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>1/1/2019 October 2018</td>
</tr>
</tbody>
</table>
This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product’s 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. ‘MAPC’ refers to the maximum allowable product cost reimbursed.

### Medical Supplies Billing Codes, Units and Quantity Limits

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Effective Date of Change</th>
<th>Date of Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4433</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary; for use on barrier with locking flange (2-Pc), each</td>
<td>$3.2000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>A4434</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap, with valve (2-Pc), each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4435</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, drainable, high output, with extended wear barrier (1-Pc system) with or without filter, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4455</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Adhesive remover/solvent (for tape, cement or other adhesive)</td>
<td>$0.1962</td>
<td>ml</td>
<td>Y</td>
<td>1/1/2019</td>
<td>October 2018</td>
</tr>
<tr>
<td>A4456</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Adhesive remover wipes, any type, each</td>
<td>$0.2200</td>
<td>ea</td>
<td>N</td>
<td>100 wipes per 81-day period</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>A4461</td>
<td>Wound Care Supply</td>
<td>N</td>
<td>Surgical dressing holder, non-reusable, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4481</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostoma filter, any type, any size, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>10/1/2015</td>
</tr>
<tr>
<td>A4483</td>
<td>DME Supply</td>
<td>N</td>
<td>Moisture exchanger, disposable, for use with invasive mechanical ventilation</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>2/1/2020</td>
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<tr>
<td>A4605</td>
<td>Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheal suction catheter, closed system, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4623</td>
<td>Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy, inner cannula</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4624</td>
<td>Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheal suction catheter, any type other than closed system, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea</td>
<td>N</td>
<td>360 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4625</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy care kit for new tracheostomy</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>10/1/2015</td>
</tr>
<tr>
<td>A4626</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy cleaning brush, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 81-day period</td>
<td>10/1/2015</td>
</tr>
<tr>
<td>A4628</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Oropharyngeal suction catheter, each</td>
<td>$3.8000</td>
<td>ea</td>
<td>N</td>
<td>15 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4629</td>
<td>Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy care kit for established tracheostomy</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4657</td>
<td>Syringe/Needle</td>
<td>N</td>
<td>Syringe, with or without needle (not otherwise classified)</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>100 per 27-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4927</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Gloves, non-sterile*</td>
<td>$0.0450</td>
<td>ea</td>
<td>N</td>
<td>200 per claim and no more than one claim per 27-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4930</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Gloves, sterile</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A4931</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Thermometer, oral, reusable</td>
<td>$2.0500</td>
<td>ea</td>
<td>N</td>
<td>one per 365-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A4932</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Thermometer, rectal, reusable</td>
<td>$2.0500</td>
<td>ea</td>
<td>N</td>
<td>one per 365-day period</td>
<td>Prior to 2/16/2015</td>
</tr>
<tr>
<td>A5051</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed with barrier attached (1-Pc), each</td>
<td>$2.3300</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>A5052</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed; w/o barrier attached (1-Pc), each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5053</td>
<td>Ostomy Supply</td>
<td>N</td>
<td>Ostomy pouch, closed; for use on faceplate, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
</tbody>
</table>
Medical Supplies Billing Codes, Units and Quantity Limits

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<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A5054</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, closed, for use on barrier w/flare (2-Pc), each</td>
<td>$1.6700</td>
<td>ea</td>
<td>N</td>
<td>180 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5055</td>
<td>Ostomy Supply</td>
<td>Stoma cap</td>
<td>$1.8000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5056</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, drainable, w/extended wear barrier attached, w/filter (1-Pc), each</td>
<td>$5.2600</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5057</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, drainable, w/extended wear barrier attached, w/built-in convexity, w/filter (1-Pc), each</td>
<td>$10.6100</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5061</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, drainable w/barrier attached (1-Pc), each</td>
<td>$4.3000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5062</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch drainable w/o barrier attached (1-Pc), each</td>
<td>$4.3000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5063</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, drainable; for use on barrier w/flare (2-Pc system), each</td>
<td>$2.7500</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5071</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, urinary with barrier attached (1-Pc), each</td>
<td>$6.7700</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5072</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, urinary w/o barrier attached (1-Pc), each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5073</td>
<td>Ostomy Supply</td>
<td>Ostomy pouch, urinary; for use on barrier w/flare (2-Pc), each</td>
<td>$3.2000</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5081</td>
<td>Ostomy Supply</td>
<td>Stoma plug or seal, any type</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5082</td>
<td>Ostomy Supply</td>
<td>Continent device, catheter for continent stoma</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5083</td>
<td>Ostomy Supply</td>
<td>Continent device, stoma absorptive cover for continent stoma</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5093</td>
<td>Ostomy Supply</td>
<td>Ostomy accessory; convex insert</td>
<td>$2.0000</td>
<td>ea</td>
<td>N</td>
<td>30 per 81-day period</td>
<td>6/1/2019</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5102</td>
<td>Urological Supply</td>
<td>Bedside drainage bottle with or without tubing, fold or expandable, each</td>
<td>$21.3000</td>
<td>ea</td>
<td>N</td>
<td>15 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5105</td>
<td>Urological Supply</td>
<td>Urinary suspensory with leg bag, with or without tube, each</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A5112</td>
<td>Urological Supply</td>
<td>Urinary drainage bag, leg or abdomen, latex, with or without tube, with strips, each</td>
<td>$277.0000</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5113</td>
<td>Urological Supply</td>
<td>Leg strap; latex, replacement only, per set</td>
<td>$3.8000</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5114</td>
<td>Urological Supply</td>
<td>Leg strap; foam or fabric, replacement only, per set</td>
<td>$6.5000</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5120</td>
<td>Ostomy Supply</td>
<td>Skin barrier; wipes or swabs, each</td>
<td>$0.2000</td>
<td>ea</td>
<td>N</td>
<td>100 wipes per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5121</td>
<td>Ostomy Supply</td>
<td>Skin barrier; solid 6&quot; x 6&quot; or equivalent, each</td>
<td>$7.8300</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
<td></td>
</tr>
<tr>
<td>A5122</td>
<td>Ostomy Supply</td>
<td>Skin barrier; solid 8&quot; x 8&quot; or equivalent, each</td>
<td>$16.2500</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td>1/1/2019</td>
<td>October 2018</td>
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</tr>
<tr>
<td>A5126</td>
<td>Ostomy Supply</td>
<td>Adhesive or non-adhesive disk or foam pad</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A5131</td>
<td>Ostomy Supply</td>
<td>Appliance cleaner, ostomy appliances</td>
<td>$0.0300</td>
<td>ml</td>
<td>N</td>
<td>1440 ml per 81-day period</td>
<td></td>
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<td>A5200</td>
<td>Urological Supply</td>
<td>Percutaneous catheter/tube anchoring device, adhesive skin attachment</td>
<td>$10.6700</td>
<td>ea</td>
<td>N</td>
<td>18 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6010</td>
<td>Wound Care Supply</td>
<td>Collagen based wound filler, dry form, sterile, per gram of collagen</td>
<td>$22.22</td>
<td>gm</td>
<td>N</td>
<td>10 gm per wound* per 15-day period, up to 90-day duration of therapy</td>
<td>4/1/2020</td>
<td>November 2019</td>
<td></td>
</tr>
<tr>
<td>A6021</td>
<td>Wound Care Supply</td>
<td>Collagen dressing, sterile, size 16 sq. in. or less, each</td>
<td>$15.12</td>
<td>ea</td>
<td>N</td>
<td>10 per wound* per 27-day period, up to 90-day duration of therapy</td>
<td>4/1/2020</td>
<td>November 2019</td>
<td></td>
</tr>
<tr>
<td>Billing Code (HCPCS)</td>
<td>Category</td>
<td>Restricted to Contracted Products</td>
<td>Description</td>
<td>MAPC per Unit of Measure (UOM)</td>
<td>UOM</td>
<td>TAR Required (Y/N)</td>
<td>Quantity Limits Without Authorization</td>
<td>Billing Notes</td>
<td>Effective Date of Change</td>
</tr>
<tr>
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<td>----------</td>
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<td>-------------------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>A6022 Wound Care Supply</td>
<td>N</td>
<td>Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing</td>
<td>$15.12 $15.74</td>
<td>ea</td>
<td>N</td>
<td>10 per wound* per 27-day period, up to 90-day duration of therapy</td>
<td>*Code I Requirement: Number of wounds being treated must be documented.</td>
<td>4/1/2020 November 2019</td>
<td></td>
</tr>
<tr>
<td>A6154 Wound Care Supply</td>
<td>N</td>
<td>Wound pouch, each</td>
<td>By Report ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6196 Wound Care Supply</td>
<td>N</td>
<td>Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing</td>
<td>$5.29 ea</td>
<td>N</td>
<td>30 per wound* per 27-day period, up to 90-day duration of therapy</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2017 September 2017</td>
<td></td>
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</tr>
<tr>
<td>A6197 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$11.82 $12.31 ea</td>
<td>N</td>
<td>30 per wound* per 27-day period, up to 90-day duration of therapy</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6199 Wound Care Supply</td>
<td>N</td>
<td>Alginate or other fiber gelling dressing, wound filler, sterile</td>
<td>$0.43 $0.66 in</td>
<td>N</td>
<td>180 inches per wound* per 27-day period, up to 90-day duration of therapy</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6203 Wound Care Supply</td>
<td>N</td>
<td>Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>$2.42 $2.52 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6204 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$4.48 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2017 September 2019</td>
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<tr>
<td>A6205 Wound Care Supply</td>
<td>N</td>
<td>Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>By Report ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<td></td>
</tr>
<tr>
<td>A6206 Wound Care Supply</td>
<td>N</td>
<td>Contact layer, sterile, 16 sq. in. or less, each dressing</td>
<td>$7.52 ea</td>
<td>N</td>
<td>4 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6207 Wound Care Supply</td>
<td>N</td>
<td>Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing</td>
<td>$11.82 ea</td>
<td>N</td>
<td>4 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6208 Wound Care Supply</td>
<td>N</td>
<td>Contact layer, sterile, more than 48 sq. in., each dressing</td>
<td>$33.61 ea</td>
<td>N</td>
<td>4 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6209 Wound Care Supply</td>
<td>N</td>
<td>Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing</td>
<td>$5.59 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6210 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$14.92 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6211 Wound Care Supply</td>
<td>N</td>
<td>Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>$23.49 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6212 Wound Care Supply</td>
<td>N</td>
<td>Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>$8.00 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6213 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$14.05 ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6214 Wound Care Supply</td>
<td>N</td>
<td>Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>By Report ea</td>
<td>N</td>
<td>12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6215 Wound Care Supply</td>
<td>N</td>
<td>Foam dressing, wound filler, sterile, per gram</td>
<td>By Report gm</td>
<td>N</td>
<td>360 gm per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. Deletions will have strikethroughs. ‘MAPC’ refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6216 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>$0.04</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6217 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$0.08</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6218 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>$0.25</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6219 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>$0.76</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6220 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</td>
<td>$2.06</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6221 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>$2.06</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6222 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>$1.70</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6223 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$1.94</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6224 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>$2.69</td>
<td>ea</td>
<td>N</td>
<td>50 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6228 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>$0.04</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6229 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$0.08</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6230 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>$0.25</td>
<td>ea</td>
<td>N</td>
<td>200 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6231 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing</td>
<td>$3.51</td>
<td>ea</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 4/1/2020</td>
<td>November 2019</td>
</tr>
<tr>
<td>A6232 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$5.50</td>
<td>ea</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>A6233 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing</td>
<td>$15.35</td>
<td>ea</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
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</tr>
</tbody>
</table>
Medical Supplies Billing Codes, Units and Quantity Limits

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<tr>
<th>Billing Code (HCPCS)</th>
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<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
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<tbody>
<tr>
<td>A6234 Wound Care Supply</td>
<td>N</td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>$5.61 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6235 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$12.50 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6236 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$20.41 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6237 Wound Care Supply</td>
<td>N</td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without any size adhesive border, each dressing</td>
<td>$8.32 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6238 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$17.07 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6239 Wound Care Supply</td>
<td>N</td>
<td>Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>By Report ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6240 Wound Care Supply</td>
<td>N</td>
<td>Hydrocolloid dressing, wound filler, paste, sterile</td>
<td>$0.33 gm N 360 gm per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6241 Wound Care Supply</td>
<td>N</td>
<td>Hydrocolloid dressing, wound filler, dry form, sterile, per gram</td>
<td>$1.54 gm N 5 gm per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6242 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border</td>
<td>$4.54 ea N 30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6243 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without any size adhesive border, each dressing</td>
<td>$8.76 ea $9.23 $30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020 November 2019</td>
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<tr>
<td>A6244 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without any size adhesive border, each dressing</td>
<td>$28.25 $29.42 ea N 30 per wound* per 27-day period</td>
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<td>4/1/2020 November 2019</td>
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<tr>
<td>A6245 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>$5.82 ea N 90 ml per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6246 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$7.94 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6247 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without any size adhesive border, each dressing</td>
<td>$19.02 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6248 Wound Care Supply</td>
<td>N</td>
<td>Hydrogel dressing, wound filler, gel</td>
<td>$0.40 ml N 90 ml per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2017 September 2017</td>
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<tr>
<td>A6251 Wound Care Supply</td>
<td>N</td>
<td>Specially absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without any size adhesive border, each dressing</td>
<td>By Report ea N 30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A6252 Wound Care Supply</td>
<td>N</td>
<td>Specially absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without any size adhesive border, each dressing</td>
<td>By Report ea N 30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015 September 2017</td>
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<td>Billing Code (HCPCS)</td>
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<td>Restricted to Contracted Products (Y/N)</td>
<td>Description</td>
<td>MAPC per Unit of Measure (UOM)</td>
<td>UOM</td>
<td>TAR Required (Y/N)</td>
<td>Quantity Limits Without Authorization</td>
<td>Billing Notes</td>
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<tr>
<td>A6253 Wound Care Supply</td>
<td>N</td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>By Report ea N 30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6254 Wound Care Supply</td>
<td>N</td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing</td>
<td>$1.21 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6255 Wound Care Supply</td>
<td>N</td>
<td>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</td>
<td>$2.42 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<td>A6256 Wound Care Supply</td>
<td>N</td>
<td>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing</td>
<td>$5.07 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6257 Wound Care Supply</td>
<td>N</td>
<td>Transparent film, sterile, 16 sq. in. or less, each dressing</td>
<td>$1.15 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020</td>
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<tr>
<td>A6258 Wound Care Supply</td>
<td>N</td>
<td>Transparent film, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing</td>
<td>$3.29 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A6259 Wound Care Supply</td>
<td>N</td>
<td>Transparent film, sterile, more than 48 sq. in., each dressing</td>
<td>$6.19 ea N 12 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020</td>
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<tr>
<td>A6261 Wound Care Supply</td>
<td>N</td>
<td>Wound filler, gel/paste, not otherwise specified</td>
<td>By Report ml N 360 ml per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6262 Wound Care Supply</td>
<td>N</td>
<td>Wound filler, dry form, per gram, not otherwise specified</td>
<td>By Report gm N 120 gm per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6266 Wound Care Supply</td>
<td>N</td>
<td>Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard</td>
<td>$1.54 yd N 25 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A6402 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
<td>$0.10 ea N 200 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
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<tr>
<td>A6403 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing</td>
<td>$0.34 ea N 200 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
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<tr>
<td>A6404 Wound Care Supply</td>
<td>N</td>
<td>Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
<td>$0.34 ea N 200 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
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<tr>
<td>A6407 Wound Care Supply</td>
<td>N</td>
<td>Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard</td>
<td>$1.40 yd N 30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>4/1/2020</td>
<td>November 2019</td>
<td></td>
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<tr>
<td>A6410 Wound Care Supply</td>
<td>N</td>
<td>Eye pad, sterile, each</td>
<td>$0.31 ea N 100 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
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<tr>
<td>A6411 Wound Care Supply</td>
<td>N</td>
<td>Eye pad, non-sterile, each</td>
<td>$0.15 ea N 100 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6442 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</td>
<td>$0.14 yd N 90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<td></td>
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<tr>
<td>A6443 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</td>
<td>$0.23 yd N 90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A6444 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard</td>
<td>$0.45 yd N 90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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</tbody>
</table>
This spreadsheet contains medical supply billing codes, units of measure (UOM) and quantity limits. Refer to the 'Medical Supplies' section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product’s 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This list is subject to change with notification in the provider bulletins. Updates or additions to the list will be bolded. Deletions will have strike-throughs. ‘MAPC’ refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6445 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width less than or equal to three inches, per yard</td>
<td>$0.26</td>
<td>yd</td>
<td>N</td>
<td>90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A6446 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard</td>
<td>$0.33</td>
<td>yd</td>
<td>N</td>
<td>90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>A6447 Wound Care Supply</td>
<td>N</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard</td>
<td>$0.54</td>
<td>yd</td>
<td>N</td>
<td>90 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6453 Wound Care Supply</td>
<td>N</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard</td>
<td>$0.49</td>
<td>yd</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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</tr>
<tr>
<td>A6454 Wound Care Supply</td>
<td>N</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard</td>
<td>$0.62</td>
<td>yd</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A6455 Wound Care Supply</td>
<td>N</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard</td>
<td>$1.11</td>
<td>yd</td>
<td>N</td>
<td>30 per wound* per 27-day period</td>
<td>*Code I Requirement: Number of wounds being treated must be documented</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A7001 DME Supply</td>
<td>N</td>
<td>Tubing, used with suction pump, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>30 per 81-day period</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7002 DME Supply</td>
<td>N</td>
<td>Administration set, with small-volume unfiltered nebulizer, disposable</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 81-day period</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7003 DME Supply</td>
<td>N</td>
<td>Modular.set, with small-volume unfiltered nebulizer, disposable</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 81-day period</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7007 DME Supply</td>
<td>N</td>
<td>Large-volume nebulizer, disposable, used with aerosol compressor</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 81-day period</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7008 Respiratory Supply</td>
<td>N</td>
<td>Large-volume nebulizer, disposable, prefilled, used with aerosol nebulizer compressor</td>
<td>By Report</td>
<td>ea</td>
<td>X</td>
<td></td>
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<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7010 DME Supply</td>
<td>N</td>
<td>Corrugated tubing, disposable, used with large-volume nebulizer, 200 feet</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>3 per 81-day period</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7012 DME Supply</td>
<td>N</td>
<td>Ultrasound nebulizer device, used with large-volume nebulizer</td>
<td>By Report</td>
<td>ea</td>
<td>X</td>
<td></td>
<td></td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7013 DME Supply</td>
<td>N</td>
<td>Filter, disposable, used with aerosol nebulizer compressor or ultrasonic generator</td>
<td>By Report</td>
<td>ea</td>
<td>X</td>
<td></td>
<td></td>
<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7015 DME Supply</td>
<td>N</td>
<td>Dome and mouthpiece, used with small-volume nebulizer</td>
<td>By Report</td>
<td>ea</td>
<td>X</td>
<td></td>
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<td>2/1/2020</td>
<td>November 2019</td>
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<tr>
<td>A7501 Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostoma valve, including diaphragm, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>3 per 81-day period</td>
<td></td>
<td>10/1/2015</td>
<td>September 2017</td>
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<tr>
<td>A7502 Tracheostomy Supply</td>
<td>N</td>
<td>Replacement diaphragm/faceplate for tracheostoma valve, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>3 per 81-day period</td>
<td></td>
<td>10/1/2015</td>
<td>September 2017</td>
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<tr>
<td>A7503 Tracheostomy Supply</td>
<td>N</td>
<td>Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>one unit per claim up to 4 claims per year</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A7504 Tracheostomy Supply</td>
<td>N</td>
<td>Filter for use in a tracheostoma heat and moisture exchange system, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>90 per 81-day period</td>
<td></td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<tr>
<td>A7505 Tracheostomy Supply</td>
<td>N</td>
<td>Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>12 per 365-day period</td>
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<td>Prior to 2/16/2015</td>
<td>September 2017</td>
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<td>Billing Code (HCPCS)</td>
<td>Category</td>
<td>Restricted to Contracted Products (Y/N)</td>
<td>Description</td>
<td>MAPC per Unit of Measure (UOM)</td>
<td>UOM TAR Required (Y/N)</td>
<td>Quantity Limits Without Authorization</td>
<td>Billing Notes</td>
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<td>Publication Date</td>
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<tr>
<td>A7506 Tracheostomy Supply</td>
<td>N</td>
<td>Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each</td>
<td>By Report</td>
<td>ea N</td>
<td>90 per 81-day period</td>
<td></td>
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<td>10/1/2015 September 2017</td>
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<tr>
<td>A7507 Tracheostomy Supply</td>
<td>N</td>
<td>Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each</td>
<td>By Report</td>
<td>ea N</td>
<td>1 unit per claim up to 4 claims per year</td>
<td></td>
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<td>10/1/2015 September 2017</td>
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<tr>
<td>A7508 Tracheostomy Supply</td>
<td>N</td>
<td>Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each</td>
<td>By Report</td>
<td>ea N</td>
<td>90 per 81-day period</td>
<td></td>
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<td>10/1/2015 September 2017</td>
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<tr>
<td>A7509 Tracheostomy Supply</td>
<td>N</td>
<td>Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each</td>
<td>By Report</td>
<td>ea N</td>
<td>90 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
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<tr>
<td>A7520 Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea N</td>
<td>6 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7521 Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea N</td>
<td>6 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7522 Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each</td>
<td>By Report</td>
<td>ea N</td>
<td>3 per 81-day period</td>
<td></td>
<td></td>
<td>10/1/2015 September 2017</td>
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<td></td>
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<tr>
<td>A7523 Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy shower protector, each</td>
<td>By Report</td>
<td>ea N</td>
<td>3 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
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<td></td>
</tr>
<tr>
<td>A7524 Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostoma stent/stud/button, each</td>
<td>By Report</td>
<td>ea N</td>
<td>15 per 81-day period</td>
<td></td>
<td></td>
<td>10/1/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7525 Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy mask, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea N</td>
<td>12 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7526 Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy tube collar/holder, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea N</td>
<td>90 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7527 Tracheostomy Supply</td>
<td>Y</td>
<td>Tracheostomy/laryngectomy tube plug/stop, each</td>
<td>Refer to the List of Contracted Tracheostomy Supplies</td>
<td>ea N</td>
<td>3 per 81-day period</td>
<td></td>
<td></td>
<td>Prior to 2/16/2015 September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4034 Enteral Feeding Supply</td>
<td>N</td>
<td>Enteral feeding supplies; syringe fed includes but not limited to feeding/flushing syringe, administration set and tubing.</td>
<td>By Report</td>
<td>ea N</td>
<td>31 per 27-day period</td>
<td></td>
<td>Use to bill supplies, not otherwise on this List of Medical Supplies Billing Codes (including but not limited to feeding/flushing syringe, administration sets, tubing, extension tubes, connecting devices and port caps) that are necessary to administer enteral feeding by syringe, and maintain the feeding site. Bill one (1) quantity unit per each administrative/supply set/kit or per each separate item, (for example, one extension tubing is equal to one unit)</td>
<td>2/1/2020 November 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4035 DME Supply</td>
<td>N</td>
<td>Enteral feeding supply kit pump-fed.</td>
<td>By Report</td>
<td>ea N</td>
<td>31 per 27-day period</td>
<td></td>
<td>Refer to DME supply billing codes for supplies (including but not limited to feeding/flushing syringe, administration sets, tubing, extension tubes, connecting devices and port caps) used with enteral feeding pumps.</td>
<td>2/1/2020 November 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product's 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. Deletions will have strikethroughs. MAPC refers to the maximum allowable product cost reimbursed.

<table>
<thead>
<tr>
<th>Billing Code (HCPCS)</th>
<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4036</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Enteral feeding supplies; gravity fed includes but not limited to feeding/flushing syringe, administration set and tubing.</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>31 per 27-day period</td>
<td>Use to bill supplies, not otherwise on this List of Medical Supplies Billing Codes (including but not limited to feeding/flushing syringe, administration sets, tubing, extension tubes, connecting devices and port caps) that are necessary to administer enteral feeding by gravity, and maintain the feeding site. Bill one (1) quantity unit per each administrative/supply set/kit or per each separate item, (for example, one extension tubing is equal to one unit).</td>
<td>2/1/2020</td>
<td>November 2019</td>
</tr>
<tr>
<td>B4081</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Nasogastric tubing with stylet</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>B4082</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Nasogastric tubing without stylet</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>B4083</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Stomach tube - levine type</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>B4087</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Gastrostomy/jejunostomy tube, standard, any material, any type, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>B4088</td>
<td>Enteral Feeding Supply</td>
<td>N</td>
<td>Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>B4089</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Extension set for enteral feeding</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>6 per 27-day period</td>
<td>Bill extension tubing/set using the appropriate enteral feeding supply HCPCS based on the route of administration. This code will no longer be reimbursable on and after 2/1/2020.</td>
<td>2/1/2020</td>
<td>November 2019</td>
</tr>
<tr>
<td>J7131</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Hypertonic saline solution, 1ml</td>
<td>By Report</td>
<td>ml</td>
<td>Y</td>
<td>$0.1659</td>
<td>Bill infusion supplies using the appropriate HCPCS based on use with or without pump. This code will no longer be reimbursable on and after 2/1/2020.</td>
<td>2/1/2020</td>
<td>November 2019</td>
</tr>
<tr>
<td>L8501</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy speaking valve</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1015</td>
<td>Infusion Supply</td>
<td>N</td>
<td>IV tubing extension set</td>
<td>By Report</td>
<td>ea</td>
<td>N</td>
<td>30 per 27-day period</td>
<td>Bill extension tubing/set using the appropriate infusion supply HCPCS based on use with or without pump. This code will no longer be reimbursable on and after 2/1/2020.</td>
<td>2/1/2020</td>
<td>November 2019</td>
</tr>
<tr>
<td>S4186</td>
<td>DME Supply</td>
<td>N</td>
<td>Swivel adaptor</td>
<td>By Report</td>
<td>ea</td>
<td>X</td>
<td>Refer to DME supply billing codes for supplies used with DME.</td>
<td>2/1/2020</td>
<td>November 2019</td>
<td></td>
</tr>
<tr>
<td>S8189</td>
<td>Tracheostomy Supply</td>
<td>N</td>
<td>Tracheostomy supply, not otherwise classified</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T4537</td>
<td>Miscellaneous</td>
<td>Y</td>
<td>Sheeting, waterproof (protective underpad, reusable, bed size, each)</td>
<td>Refer to the contracted waterproof sheeting list</td>
<td>ea</td>
<td>N</td>
<td>2 per 365-day period</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
</tr>
<tr>
<td>T9999</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Disposable medical supplies not otherwise classified by Medi-Cal billing codes (Refer to the 'Non-Coverage' section for items that are not eligible for authorization.)</td>
<td>By Report</td>
<td>ea</td>
<td>Y</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN</td>
<td>Contraceptive Supply</td>
<td>N</td>
<td>Cervical Cap, for contraceptive use, each</td>
<td>$58.0000</td>
<td>ea</td>
<td>N</td>
<td>2 per 365-day period; 1 per dispensing</td>
<td>Pharmacy Provider billing only</td>
<td>2/1/2017</td>
<td>September 2017</td>
</tr>
<tr>
<td>UPN</td>
<td>Contraceptive Supply</td>
<td>N</td>
<td>Contraceptive supply, condom, internal, each</td>
<td>$2.5000</td>
<td>ea</td>
<td>N</td>
<td>No more than 12 per claim and no more than 2 claims per 90-day period.</td>
<td>Pharmacy Provider billing only</td>
<td>5/1/2019</td>
<td>April 2019</td>
</tr>
</tbody>
</table>
### Medical Supplies Billing Codes, Units and Quantity Limits

This spreadsheet contains medical supply billing codes, unit of measure (UOM) and quantity limits. Refer to the Medical Supplies section of the provider manual for additional information and program coverage. Refer to the appropriate spreadsheet for billing codes restricted to contracted products. Certain medical supplies must be billed by a pharmacy provider only using the product’s 11-digit UPN (Universal Product Number). The UPN billed must be an exact match for the product dispensed. This List is subject to change with notification in the provider bulletins. Updates or additions to the List will be bolded. Deletions will have strikethroughs. **MAPC** refers to the maximum allowable product cost reimbursed.

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<tr>
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<th>Category</th>
<th>Restricted to Contracted Products (Y/N)</th>
<th>Description</th>
<th>MAPC per Unit of Measure (UOM)</th>
<th>UOM</th>
<th>TAR Required (Y/N)</th>
<th>Quantity Limits Without Authorization</th>
<th>Billing Notes</th>
<th>Effective Date of Change</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPN Contraceptive Supply N contraceptives, condom, male, each</td>
<td>$0.2802</td>
<td>ea</td>
<td>N 36 per 27-day period</td>
<td>Pharmacy Provider billing only</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Contraceptive Supply N Diaphragm, contoured for contraceptive use</td>
<td>$70.8600</td>
<td>ea</td>
<td>N one per 365-day period</td>
<td>Pharmacy Provider billing only</td>
<td>10/1/2016</td>
<td>September 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Contraceptive Supply N Diaphragm, wide seal for contraceptive use</td>
<td>$35.0000</td>
<td>ea</td>
<td>N one per 365-day period</td>
<td>Pharmacy Provider billing only</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply N Syringes, Insulin U-500*</td>
<td>$0.3236</td>
<td>ea</td>
<td>N 100 per 27-day period</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for use with Insulin, Regular, U-500 only</td>
<td>6/1/2017</td>
<td>September 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply N Syringes, Insulin, any size</td>
<td>$0.1800</td>
<td>ea</td>
<td>N 200 per 27-day period</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.</td>
<td>4/1/2018</td>
<td>March 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply Y Blood glucose test or reagent strips for home blood glucose monitor*</td>
<td>Refer to the List of Contracted Diabetic Testing Supplies</td>
<td>ea</td>
<td>N For a diabetic beneficiary who is currently being treated with insulin injections, no more than 150 blood glucose test strips per claim, with no more than three (3) claims in a 90-day period. For a gestational diabetic beneficiary who is not currently being treated with insulin injections, no more than 100 blood glucose test strips in a 90-day period. For a gestational diabetic beneficiary being treated with or without insulin injections, no more than 150 blood glucose test strips per claim, with no more than three (3) claims in a 90-day period.</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply Y Blood ketone test or reagent strip</td>
<td>Refer to the List of Contracted Diabetic Testing Supplies</td>
<td>ea</td>
<td>N 10 per claim and no more than three (3) claims in a 90-day period. For a gestational diabetic beneficiary who is not currently being treated with or without insulin injections, no more than 100 urine test or reagent strips per claim, with no more than three (3) claims in a 90-day period. For a gestational diabetic beneficiary being treated with or without insulin injections, no more than 100 urine test or reagent strips per claim, with no more than three (3) claims in a 90-day period.</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.</td>
<td>1/1/2019</td>
<td>September 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply Y Lancets</td>
<td>Refer to the List of Contracted Diabetic Testing Supplies</td>
<td>ea</td>
<td>N For a diabetic beneficiary who is currently being treated with insulin injections, no more than 200 lancets are allowed per claim, with no more than three (3) claims in a 90-day period. For a gestational diabetic beneficiary who is not currently being treated with insulin injections, no more than 200 lancets in a 90-day period. For a gestational diabetic beneficiary being treated with or without insulin injections, no more than 200 lancets per claim, with no more than three (3) claims in a 90-day period.</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.</td>
<td>Prior to 2/16/2015</td>
<td>September 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPN Diabetic Supply Y Urine test or reagent strips</td>
<td>Refer to the List of Contracted Diabetic Testing Supplies</td>
<td>ea</td>
<td>N 50 per claim and no more than four (4) claims in 365-day period.</td>
<td>Pharmacy Provider billing only; *Code I - Restricted for recipients being treated by a physician for a diabetes diagnosis documented in their medical records.</td>
<td>1/1/2019</td>
<td>September 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing Code (HCPCS)</td>
<td>Category</td>
<td>Restricted to Contracted Products (Y/N)</td>
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<td>MAPC per Unit of Measure (UOM)</td>
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</tr>
<tr>
<td>UPN</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Heparin Flush Solution, 10 units/ml</td>
<td>$0.0650</td>
<td>ml</td>
<td>N</td>
<td></td>
<td>Pharmacy Provider billing only</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>UPN</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Heparin Flush Solution, 100 units/ml</td>
<td>$0.6078</td>
<td>ml</td>
<td>N</td>
<td></td>
<td>Pharmacy Provider billing only</td>
<td>Prior to 2/16/2015</td>
<td>September 2017</td>
</tr>
<tr>
<td>UPN</td>
<td>Infusion Supply</td>
<td>N</td>
<td>Syringe, Normal Saline / 0.9% Sodium Chloride Flush</td>
<td>$0.2234</td>
<td>ml</td>
<td>N</td>
<td></td>
<td>Pharmacy Provider billing only; For use only for the flushing of indwelling vascular access devices</td>
<td>8/1/2016</td>
<td>September 2017</td>
</tr>
<tr>
<td>UPN</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Inhaler, Assist Devices (Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler)</td>
<td>$31.3300</td>
<td>ea</td>
<td>N</td>
<td>2 per 365-day period</td>
<td>Pharmacy Provider billing only</td>
<td>12/1/2018</td>
<td>October 2018</td>
</tr>
<tr>
<td>UPN</td>
<td>Miscellaneous</td>
<td>N</td>
<td>Peak Flow Meters, Non-Electronic</td>
<td>$15,7600</td>
<td>ea</td>
<td>N</td>
<td>one per 365-day period</td>
<td>Pharmacy Provider billing only</td>
<td>12/1/2018</td>
<td>October 2018</td>
</tr>
</tbody>
</table>