

## MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = \*Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

\*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item.

Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING						
Ostomy and Colostomy Pouches and Accessory Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
<b>Ostomy/Colostomy Products / Ostomy Accessories</b>						
	A4216	Sterile water, saline and /or dextrose, diluent/flush, 10 ml	Each	N	\$0.44	60/Month
	A4217	Sterile water/saline 500 ml	Each	N	\$2.97	60/Months
	A4361	Ostomy Face Plate	Each	N	\$17.51	2/3 Months
A4421	A4363	Ostomy clamp, any type, replacement only, each	Each	N	\$2.12	3/2 Months
	A4366	Ostomy vent, any type, each	Each	N	\$1.35	20/Month
	A4367	Ostomy Belt	Each	N	\$7.69	1/Month
	A4368	Ostomy filter, any type, each	Each	N	\$0.26	20/Month
	A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	Ounce	N	\$2.72	8/Month
	A4395	Ostomy deodorant for use in Ostomy pouch, solid. Per tablet	Each	N	\$0.05	50 each/Month
	A4396	Ostomy belt with peristomal hernia support	Each	N	\$42.41	1/Month
	A4397	Irrigation Supply; Sleeve	Each	N	\$4.26	4/Month
	A4398	Ostomy irrigation supply, bag; each	Each	N	\$12.76	4 per year
	A4399	Ostomy Irrigation Bag, cone/catheter, including brush	Each	N	\$12.85	4 per year
	A4400	Ostomy Irrigation Set	Each	N	\$43.52	1/6 Months
	A4404	Ostomy Rings All Sizes	Each	N	\$1.76	10/Month
	A4421	Ostomy supply miscellaneous (Any Misc Ostomy/Colostomy supplies without a HCPCS code should use A4421 instead of E1399)	Each	Y	IC	IC
Y0484	A4421	Stoma Cone Replacement Unit (Using ostomy supply misc.)	Each	Y	\$8.29	1/2 Months
	A4422	Ostomy absorbent material (sheet/pad/crystal packet), for use on Ostomy pouch to thicken liquid stoma output,	Each	N	\$0.12	100/2 Months
A4365	A4456	Adhesive Remover, Wipes, any type, each	Each	N	\$0.25	50/Month
	A4455	Adhesive Remover Or Solvent (for tape, cement or other adhesive),	Ounce	N	\$1.49	31 oz per year
	A5055	Stoma Caps	Each	N	\$1.50	31/Month
	A5056	Ostomy Pouch, Drainable, with extended wear barrier attached, with filter (1 piece) each	Each	N	\$4.90	50/Month
	A5057	Ostomy Pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece)	Each	N	\$10.06	50/Month
	A5081	Continent device; plug for continent stoma	Each	N	\$2.95	31/Month
	A5082	Continent device; catheter for continent stoma	Each	N	\$10.59	1/Month
	A5083	Continent device, stoma absorptive cover for continent stoma	Each	Y	\$0.68	180/Month
	A5093	Ostomy Accessory, Convex Insert	Each	N	\$1.74	10/Month
	A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each	Each	N	\$23.64	4 per year

MEDICAID DME AND SUPPLIES LISTING						
Ostomy and Colostomy Pouches and Accessory Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A5105	Urinary suspensory with leg bag, with or without tube, each	Each	N	\$36.31	1/Month
	A5126	Adhesive or non-adhesive; Disc Or Foam Pad	Each	N	\$1.21	20/Month
	A5131	Appliance cleaner, incontinence and Ostomy appliances, per 16 oz	Btl. (16oz.)	N	\$14.11	1/Month
	A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Each	N	\$11.84	2/Month
Ostomy Pouches						
	A4330	Perianal Fecal Collection Pouch With Adhesive	Each	N	\$6.38	31/Month
	A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Each	N	\$17.99	20/Month
	A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Each	N	\$49.85	20/Month
	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Each	N	\$4.49	10/month
	A4378	Ostomy pouch, drainable, for use on faceplate rubber, each	Each	N	\$32.21	3/month
	A4379	Ostomy pouch urinary, with faceplate attached, plastic, each	Each	N	\$15.73	10/Month
	A4380	Ostomy pouch urinary, with faceplate attached, rubber, each	Each	N	\$39.11	3/Month
	A4381	Ostomy pouch urinary, for use on faceplate, plastic, each	Each	N	\$4.85	10/Month
	A4382	Ostomy pouch urinary, for use on faceplate, heavy plastic, each	Each	N	\$25.79	20/Month
	A4383	Ostomy pouch urinary, for use on faceplate, rubber, each	Each	N	\$29.54	3/Month
	A4387	Ostomy pouch, closed, with barrier attached, with built in convexity (one piece), each	Each	Y	\$2.36	60/Month
	A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	Each	N	\$4.57	20/Month
	A4389	Ostomy pouch drainable, with barrier attached, with built in convexity (one piece), each	Each	N	\$6.51	20/Month
	A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity (1 piece), each	Each	N	\$10.06	20/Month
	A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	Each	N	\$7.41	20/Month
	A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built in convexity (1 piece), each	Each	N	\$8.56	20/Month
	A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built in convexity, (1 piece), each	Each	N	\$9.47	20/Month
	A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	Each	N	\$5.34	20/Month
	A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange, (2 piece system), without filter, each	Each	N	\$2.84	20/Month
	A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange, (2 piece system), with filter, each	Each	85	\$5.77	20/Month

MEDICAID DME AND SUPPLIES LISTING						
Ostomy and Colostomy Pouches and Accessory Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	Each	N	\$2.89	60/Month
	A4417	Ostomy pouch, closed, with barrier attached, with built in convexity, with filter (one piece), each	Each	N	\$3.91	60/Month
	A4418	Ostomy pouch, closed; with out barrier attached, with filter (one piece), each	Each	N	\$1.90	60/Month
	A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	Each	N	\$1.81	60/Month
	A4420	Ostomy pouch, closed; for use on barrier with locking flange, (two piece), each	Each	Y	I.C.	60/Month
	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	Each	N	\$1.94	60/Month
	A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	Each	N	\$4.99	20/Month
	A4425	Ostomy pouch, drainable, for use on barrier with non-locking flange, with filter (two piece system), each	Each	N	\$3.75	20/Month
	A4426	Ostomy pouch drainable, for use on barrier with locking flange, (two piece system), each	Each	N	\$2.86	20/Month
	A4427	Ostomy pouch drainable, for use on barrier with locking flange, with filter (two piece system), each	Each	N	\$2.92	20/Month
	A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet – type tap with valve (one piece), each	Each	N	\$6.83	20/Month
	A4429	Ostomy pouch, urinary, with barrier attached with built in convexity, with faucet – type tap with valve (one piece), each	Each	N	\$8.64	20/Month
	A4430	Ostomy pouch, urinary, with extended wear barrier attached with built in convexity, with faucet – type tap with valve (one piece), each	Each	N	\$8.92	20/Month
	A4431	Ostomy pouch, urinary, with barrier attached with faucet – type tap with valve (one piece), each	Each	N	\$6.51	20/Month
	A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet – type tap with valve (two piece), each	Each	N	\$3.76	20/Month
	A4433	Ostomy pouch, urinary; for use on barrier with locking flange, (two piece), each	Each	N	\$3.51	20/Month
	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet – type tap with valve (two piece), each	Each	N	\$3.94	20/Month
	A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Each	N	\$6.04	20/Month
	A5051	Ostomy Pouch, Closed W/Barriers Attached, 1 Piece	Each	N	\$2.16	60/Month
	A5052	Ostomy Pouch Closed Without Barrier Attached, 1 Piece	Each	N	\$1.56	60/Month
	A5053	Ostomy Pouch, Closed For Use On Face Plate	Each	N	\$1.54	60/Month
	A5054	Ostomy Pouch Closed For Use On A Barrier With Flange, 2 Pieces, does not say closed or mini pouch	Each	N	\$1.88	60/Month
	A5061	Ostomy Pouch, Drainable, W/Barrier Attached; 1 piece	Each	N	\$3.70	20/Month

**MEDICAID DME AND SUPPLIES LISTING**

<b>Ostomy and Colostomy Pouches and Accessory Supplies</b>						
<b>UCC = Bill Usual and Customary Charge    IC = Individual Consideration</b>						
<b>Old HCPCS Code</b>	<b>New HCPCS Code</b>	<b>Description</b>	<b>Billing Unit</b>	<b>SA Type</b>	<b>Fee</b>	<b>Limit</b>
	A5062	Ostomy Pouch, Drainable Without Barrier Attached, 1 Piece	Each	N	\$2.34	20/Month
	A5063	Ostomy Pouch, Drainable, For Use On Barrier W/Flange, 2 Piece System	Each	N	\$2.84	20/Month
	A5071	Ostomy Pouch Urinary W/Barrier Attached 1 Piece	Each	N	\$6.29	20/Month
	A5072	Ostomy Pouch Urinary Without Barrier Attached, 1 Piece	Each	N	\$3.18	20/Month
	A5073	Ostomy Pouch Urinary For Use On Barrier With Flange, 2 Pieces	Each	N	\$2.85	20/Month

MEDICAID DME AND SUPPLIES LISTING						
Ostomy and Colostomy Pouches and Accessory Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
<b>Ostomy Skin Barrier Liquids, Pastes, Powder And Rings</b>						
	A4362	Ostomy Skin Barrier; Solid, 4x4 Or Equivalent	Each	N	\$3.09	20/Month
	A4364	Adhesive liquid or equal, any type	Ounce	N	<b>\$3.09</b>	4 Ounces/Month
	A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	Ounce	N	<b>\$2.55</b>	2 Ounces Month
	A4371	Ostomy skin barrier powder, per oz.	Ounce	N	<b>\$3.82</b>	2 Ounces Month
	A4372	Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	Each	N	<b>\$4.39</b>	20/Month
	A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	Each	N	<b>\$6.56</b>	20/Month
	A4384	Ostomy faceplate equivalent, silicone ring, each	Each	N	<b>\$10.07</b>	3/Month
	A4385	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, without built-in convexity, each	Each	N	<b>\$5.34</b>	20/Month
	A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Ounce	N	<b>\$3.58</b>	4 Ounces/Month
	A4406	Ostomy skin barrier, pectin-based, paste, per ounce	Ounce	N	\$5.99	4 Ounces/Month
	A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built in convexity, 4x4 inches or smaller, each	Each	N	<b>\$9.18</b>	20/Month
	A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built in convexity, larger than, 4x4 inches, each	Each	N	<b>\$10.34</b>	20/Month
	A4409	Ostomy skin barrier, with flange, (solid, flexible, or accordion), extended wear, without built-in convexity, 4X4 inches or smaller, each	Each	N	<b>\$6.51</b>	20/Month
	A4410	Ostomy skin barrier, with flange, (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4X4 inches, each	Each	N	<b>\$9.47</b>	20/Month
	A4414	Ostomy skin barrier, with flange (solid, flexible, or accordion), with out built in convexity 4x4 inches or smaller, each	Each	N	<b>\$5.16</b>	20/Month
	A4415	Ostomy skin barrier, with flange (solid, flexible, or accordion), with out built in convexity, larger than 4x4 inches, each	Each	N	<b>\$6.27</b>	20/Month
A5119	A5120	Skin Barrier Wipes or swabs, each	Each	Y	\$0.23	30/Month
	A5121	Skin Barrier, Solid 6x6 Or Equiv.	Each	N	<b>\$6.64</b>	20/Month
	A5122	Skin Barrier, solid, 8x8 Or Equivalent	Each	N	<b>\$11.44</b>	20/Month
<b>Changes</b>						
<b>Changes marked in bold are effective 1/1/2021</b>						