



## P R O V I D E R   B U L L E T I N

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**To:           All Pharmacy, Durable Medical Equipment, and Medical Supply Providers**

**Subject:    Medical and Surgical Supplies**

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### Overview

This bulletin notifies Indiana Health Coverage Programs (IHCP) providers about recent code changes and fee schedule adjustments to medical and surgical supply Healthcare Common Procedure Coding System (HCPCS) codes.

### Fee Schedule

Table 1 includes the complete list of valid medical and surgical supply codes, the appropriate billing units, and the statewide maximum allowable fee for items provided on or after June 2, 2003. The maximum allowable fee for code A4406 is effective on or after July 18, 2003. A downloadable fee schedule in spreadsheet format and other important information about medical supplies (when available) can be accessed on the Myers and Stauffer, LC Web site at [www.mslcindy.com/pharmacy](http://www.mslcindy.com/pharmacy).

**Please note and use the appropriate billing unit for each code.** Effective July 18, 2003, a maximum quantity limitation has been placed on *A4253-Blood Glucose Test Strips*. This change was necessitated due to the large quantity of billing errors and inconsistencies. Providers will be permitted to bill up to five units per occurrence (one unit is 50 strips). Providers that bill in excess of five units will receive explanation of benefits (EOB) *6635-Procedure Code Unit Limitation Exceeded-Please Refer to HCPCS Manual for the Proper Billing Unit*.

### Medical Supply Study

As required by the recent amendments to the Indiana Administrative Code (IAC) *405 IAC 5-19*, the OMPP is updating the medical supply fee schedule using provider acquisition cost, product availability, and other pricing information. Myers and Stauffer will be conducting the study on behalf of the OMPP. Representatives from Myers and Stauffer will contact providers to request acquisition cost information for the products dispensed. To ensure that the maximum allowable fees are representative of the Indiana marketplace, the OMPP strongly encourages providers to participate in the study if contacted by Myers and Stauffer.

### Additional Information

Please refer questions about this information to Ryan Farrell or Jared Duzan of Myers and Stauffer at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927, or by e-mail at [rfarrell@mslc.com](mailto:rfarrell@mslc.com) or [jduzan@mslc.com](mailto:jduzan@mslc.com).

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4206	Syringe With Needle, Sterile 1 cc	Each	\$0.31
A4207	Syringe With Needle, Sterile 2 cc	Each	\$0.17
A4208	Syringe With Needle, Sterile 3 cc	Each	\$0.17
A4209	Syringe With Needle, Sterile 5 cc Or Greater	Each	\$0.34
A4210	Needle-Free Injection Device	Each	\$0.29
A4211	Supplies For Self Administered Injection	Variable	\$0.28
A4212	Huber Type Needle	Each	\$2.27
A4213	Syringe, Sterile, 20 cc Or Greater	Each	\$1.08
A4215	Needles Only, Sterile, Any Size	Each	\$0.18
A4220	Refill Kit For Implantable Infusion Pump	Each	\$128.00
A4221	Supplies For Maintenance Of Drug Infusion Catheter	Per Week	\$18.02
A4222	Supplies For External Drug Infusion Pump	Each	\$37.20
A4230	Infusion Set For External Insulin Pump, Non Needle Cannula Type	Each	\$8.66
A4231	Infusion Set For External Insulin Pump, Needle Type	Each	\$5.50
A4232	Syringe With Needle For External Insulin Pump, Sterile, 3 cc	Each	\$2.11
A4244	Alcohol Or Peroxide	Pint	\$1.28
A4245	Alcohol Wipes	Box	\$1.60
A4246	Betadine Or Phisohex Solution	Pint	\$7.12
A4247	Betadine Or Iodine Swabs/Wipes	Box	\$9.60
A4250	Urine Test Or Reagent Strips Or Tablets	Per 100	\$17.54
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor	Per 50	\$36.72
A4254	Replacement Battery, Any Type, For Use With Home Blood Glucose Monitor	Each	\$6.11
A4255	Platforms For Home Blood Glucose Monitor	Per 50	\$3.27
A4256	Normal, Low No High Calibrator Solution/Chips	Each	\$11.20
A4257	Replacement Lens Shield Cartridge For Use With Laser Skin Piercing Device	Each	\$10.15
A4258	Spring-Powered Device For Lancet	Each	\$15.27
A4259	Lancets	Per 100	\$11.00
A4261	Cervical Cap For Contraceptive Use	Each	MANUAL
A4262	Temporary Absorbable Lacrimal Duct Implant	Each	\$24.00
A4263	Permanent, Long Term, Non-Dissolvable Lacrimal Duct Implant	Each	\$36.00
A4265	Paraffin	Per Pound	\$3.37

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4266	Diaphragm For Contraceptive Use	Each	MANUAL
A4267	Contraceptive Supply, Condom, Male	Each	MANUAL
A4268	Contraceptive Supply, Condom, Female	Each	MANUAL
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel)	Each	MANUAL
A4280	Adhesive Skin Support Attachment For Use With External Breast Prosthesis	Each	\$3.93
A4281	Tubing For Breast Pump, Replacement	Each	MANUAL
A4282	Adapter For Breast Pump, Replacement	Each	MANUAL
A4283	Cap For Breast Pump Bottle, Replacement	Each	MANUAL
A4284	Breast Shield And Splash Protector For Use With Breast Pump, Replacement	Each	MANUAL
A4285	Polycarbonate Bottle For Use With Breast Pump, Replacement	Each	MANUAL
A4286	Locking Ring For Breast Pump, Replacement	Each	MANUAL
A4290	Sacral Nerve Stimulation Test Lead	Each	\$103.72
A4305	Disposable Drug Delivery System Flow Rate 50Ml Or Greater Per Hr	Each	\$24.80
A4306	Disposable Drug Delivery System Flow Rate 5Ml Or Less Per Hr	Each	\$24.00
A4310	Insertion Tray Without Drainage Bag And Without Catheter (Accessories Only)	Each	\$6.11
A4311	Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.)	Each	\$11.74
A4312	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone	Each	\$14.27
A4313	Insertion Tray Wo/Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Cont. Irrigation	Each	\$14.66
A4314	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex W/Coating (Tefl	Each	\$20.01
A4315	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone	Each	\$20.88
A4316	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Cont. Irrigation	Each	\$22.47
A4320	Irrigation Tray For Bladder Irrigation With Bulb Or Piston Syringe	Each	\$4.13
A4321	Therapeutic Agent For Urinary Catheter Irrigation	Each	MANUAL
A4322	Irrigation Syringe, Bulb Or Piston	Each	\$2.37
A4324	Male External Catheter, With Adhesive Coating	Each	\$1.72
A4325	Male External Catheter, With Adhesive Strip	Each	\$1.42
A4326	Male External Catheter Speciality Type, Eg: Inflatable, Face Plate, Etc.	Each	\$8.54

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4327	Female External Urinary Collection Device: Meatal Cup	Each	\$35.30
A4328	Female External Urinary Collection Device: Pouch	Each	\$8.27
A4331	Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use With Urinary Leg Bag Or Urostomy Pouch	Each	\$2.52
A4332	Lubricant, Individual Sterile Packet, For Insertion Of Urinary Catheter	Each	\$0.10
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Attachment	Each	\$1.74
A4334	Urinary Catheter Anchoring Device, Leg Strap	Each	\$3.90
A4335	Miscellaneous Incontinence Supply - Excludes Diapers, Liners, Briefs, And Underpads	Per Item	\$1.40
A4338	Indwelling Catheter; Foley Type, Two-Way Latex W/Coating (Teflon, Silicone, Silicone Elastomer)	Each	\$9.70
A4340	Indwelling Catheter; Special Type, Eg; Coude, Mushroom, Wing, Etc.)	Each	\$20.12
A4344	Indwelling Catheter, Foley Type, Two-Way, All Silicone	Each	\$12.68
A4346	Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation	Each	\$15.50
A4347	Male External Catheter With Or Without Adhesive, With Or Without Anti-Reflux Device	Per 12	\$16.10
A4348	Male External Catheter With Integral Collection Compartment, Extended Wear	Each	\$22.02
A4351	Intermittent Urinary Catheter w/Straight Tip	Each	\$1.52
A4352	Intermittent Urinary Catheter w/Curved Tip	Each	\$5.71
A4353	Intermittent Urinary Catheter w/Insertion Supplies	Each	\$9.82
A4354	Insertion Tray With Drainage Bag But Without Catheter	Each	\$9.21
A4355	Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Cathete	Each	\$7.05
A4356	External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp)	Each	\$36.10
A4357	Bedside Drainage Bag, Day Or Night, With Or Without Anti Reflux Device, With Or Without Tube	Each	\$7.67
A4358	Urinary Leg Bag; Vinyl, With Or Without Tube	Each	\$4.46
A4359	Urinary Suspensory Without Leg Bag	Each	\$24.24
A4361	Ostomy Faceplate	Each	\$14.54
A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent	Each	\$2.95
A4364	Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition	Per Oz	\$1.98
A4365	Ostomy Adhesive Remover Wipes	Per 50	\$8.96
A4367	Ostomy Belt	Each	\$8.34

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4368	Ostomy Filter - Any Type	Each	\$0.21
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc.)	Per Oz	\$1.91
A4371	Ostomy Skin Barrier, Powder	Per Oz	\$2.89
A4372	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Standard Wear, With Built-In Convexity	Each	\$3.30
A4373	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Standard Wear, With Built-In Convexity, Any Size	Each	\$5.99
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Plastic	Each	\$13.59
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Rubber	Each	\$37.65
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plastic	Each	\$3.39
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubber	Each	\$24.34
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plastic	Each	\$11.89
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubber	Each	\$29.54
A4381	Ostomy Pouch, Urinary, With Faceplate Attached, Rubber	Each	\$3.65
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic	Each	\$19.48
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber	Each	\$22.30
A4384	Ostomy Faceplate Equivalent, Silicone Ring	Each	\$7.62
A4385	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, Without Built-In Convexity	Each	\$4.03
A4387	Ostomy Pouch Closed, With Standard Wear Barrier Attached, With Built-In Convexity (1 Piece)	Each	\$3.18
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, Without Built-In Convexity	Each	\$3.45
A4389	Ostomy Pouch, Drainable, With Standard Wear Barrier Attached, With Built-In Convexity	Each	\$4.92
A4390	Ostomy Pouch, Drainable, With Extended Wear Barrier Attachedm With Built-In Convexity	Each	\$7.61
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, Without Built-In Convexity	Each	\$6.33
A4392	Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity	Each	\$5.26
A4393	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity	Each	\$7.26
A4394	Ostomy Deodorant For Use In Ostomy Pouch, Liquid	Per Oz	\$2.04
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid	Per Tablet	\$0.04
A4396	Ostomy Belt With Peristomal Hernia Support	Each	\$32.03
A4397	Irrigation Supply; Sleeve	Each	\$3.33

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4398	Irrigation Supply; Bags	Each	\$10.93
A4399	Irrigation Supply; Cone/Catheter	Each	\$9.70
A4400	Ostomy Irrigation Set	Each	\$34.15
A4402	Lubricant	Per Oz	\$1.07
A4404	Ostomy Rings	Each	\$1.32
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste	Per Oz	\$4.73
A4406	Ostomy Skin Barrier, Pectin-Based, Paste	Per Oz	\$7.35
A4407	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion), Extended Wear, With Built-In Convexity, 4 X 4 Inches Or Smaller	Each	\$7.45
A4408	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, With Built-In Convexity, Larger Than 4 X 4 Inches	Each	\$8.39
A4409	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, 4 X 4 Inches Or Smaller	Each	\$5.29
A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, Larger Than 4 X 4 Inches	Each	\$7.68
A4413	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), With Filter	Each	\$4.68
A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller	Each	\$4.26
A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4X4 Inches	Each	\$5.10
A4421	Ostomy Supply; Miscellaneous	Variable	\$0.15
A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use In Ostomy Pouch To Thicken Liquid Stomal Output	Each	\$0.10
A4450	Tape, Non-Waterproof	Per 18 <sup>2</sup> In	\$0.08
A4452	Tape, Waterproof	Per 18 <sup>2</sup> In	\$0.31
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive)	Per Oz	\$2.43
A4458	Enema Bag With Tubing, Reusable	Each	MANUAL
A4462	Abdominal Dressing Holder/Binder	Each	\$2.60
A4465	Non-Elastic Binder For Extremity	Each	\$24.80
A4481	Traceostoma Filter, Any Type, Any Size	Each	\$0.30
A4483	Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation	Each	\$3.76
A4490	Surgical Stockings Above Knee Length	Each	\$43.20
A4495	Surgical Stockings Thigh Length	Each	\$15.20
A4500	Surgical Stockings Below Knee Length	Each	\$12.00

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4510	Surgical Stockings Full Length	Each	\$12.44
A4521	Adult-Sized Incontinence Product, Diaper, Small Size	Each	\$1.05
A4522	Adult-Sized Incontinence Product, Diaper, Medium Size	Each	\$1.05
A4523	Adult-Sized Incontinence Product, Diaper, Large Size	Each	\$1.05
A4524	Adult-Sized Incontinence Product, Diaper, Extra Large Size	Each	\$1.05
A4525	Adult-Sized Incontinence Product, Brief, Small Size	Each	\$1.47
A4526	Adult-Sized Incontinence Product, Brief, Medium Size	Each	\$1.47
A4527	Adult-Sized Incontinence Product, Brief, Large Size	Each	\$1.47
A4528	Adult-Sized Incontinence Product, Brief, Extra-Large Size	Each	\$1.47
A4529	Child-Sized Incontinence Product, Diaper, Small/Medium Size	Each	\$1.05
A4530	Child-Sized Incontinence Product, Diaper, Large Size	Each	\$1.05
A4531	Child-Sized Incontinence Product, Brief, Small/Medium Size	Each	\$1.47
A4532	Child-Sized Incontinence Product, Brief, Large Size	Each	\$1.47
A4533	Youth-Sized Incontinence Product, Diaper	Each	\$1.05
A4534	Youth-Sized Incontinence Product, Brief	Each	\$1.47
A4535	Disposable Liner/Shield For Incontinence	Each	\$0.33
A4536	Protective Underwear, Washable, Any Size	Each	\$12.95
A4537	Under Pad, Reusable/Washable, Any Size	Each	\$22.00
A4550	Surgical Trays	Each	\$13.60
A4554	Disposable Underpads, All Sizes	Each	\$0.47
A4556	Electrodes, (E.G., Apnea Monitor)	One Pair	\$9.67
A4557	Lead Wires,(E.G., Apnea Monitor)	One Pair	\$9.60
A4558	Conductive Paste Or Gel	Each	\$3.70
A4561	Pessary, Rubber, Any Type	Each	\$15.14
A4562	Pessary, Non Rubber, Any Type	Each	\$37.62
A4565	Slings	Each	\$5.00
A4570	Splint	Each	\$14.40
A4580	Cast Supplies	Each	\$7.96
A4590	Additional Allowance, Synthetic Plastic, Type Casting Materials, Hexcelite And Light Cast	Each	\$14.32
A4595	Tens Supplies, 2 Lead	Two Leads	\$22.94
A4606	Oxygen Probe For Use With Oximeter Device, Replacement	Each	MANUAL
A4608	Transtracheal Oxygen Catheter	Each	\$46.80

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Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4609	Tracheal Suction Catheter, Closed System, For Less Than 72 Hours Of Use	Each	\$12.16
A4610	Tracheal Suction Catheter, Closed System, For 72 Or More Hours Of Use	Each	MANUAL
A4611	Heavy Duty Replacement Battery	Each	\$153.14
A4612	Battery Cables; Replacement	Each	\$54.08
A4613	Battery Charger; Replacement	Each	\$114.80
A4614	Peak Expiratory Flow Rate Meter, Hand Held	Each	\$18.93
A4615	Cannula, Nasal	Each	\$1.56
A4616	Tubing, Unspecified Length	Per 12 in	\$3.08
A4617	Mouth Piece	Each	\$3.58
A4618	Breathing Circuits	Each	\$6.01
A4619	Face Tent	Each	\$0.98
A4620	Variable Concentration Mask	Each	\$2.32
A4621	Tracheotomy Mask Or Collar	Each	\$2.80
A4622	Tracheostomy Orlaryngectomy Tube	Each	\$38.52
A4623	Tracheostomy, Inner Cannula	Each	\$5.18
A4624	Tracheal Suction Catheter,Any Type	Each	\$1.78
A4625	Tracheostomy Care Or Cleaning Starter Kit	Each	\$4.66
A4626	Tracheostomy Cleaning Brush	Each	\$2.53
A4627	Spacer, Bag Or Reservoir, W/ Wo Mask, For Use With Metered Dose Inhaler	Each	\$25.80
A4628	Oropharyngeal Suction Catheter	Each	\$2.98
A4629	Tracheostomy Care Kit For Established Tracheostomy	Each	\$3.66
A4630	Replacement Batteries for TENS	Each	\$4.23
A4631	Replacement Batteries for Electronic Wheelchair	Each	\$74.64
A4632	Replacement Battery For External Infusion Pump, Any Type	Each	MANUAL
A4633	Replacement Bulb/Lamp For Ultraviolet Light Therapy System	Each	\$34.88
A4634	Replacement Bulb For Therapeutic Light Box, Tabletop Model	Each	MANUAL
A4635	Underarm Pad, Crutch, Replacement	Each	\$4.07
A4636	Replacement, Handgrip, Cane, Crutch, Or Walker	Each	\$3.34
A4637	Replacement, Tip, Cane, Crutch, Walker	Each	\$1.63
A4639	Replacement Pad For Infrared Heating Pad System	Each	\$244.13
A4640	Replacement Pad For Alternating Pressure Pad	Each	\$50.41
A4653	Peritoneal Dialysis Catheter Anchoring Device, Belt	Each	MANUAL

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Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A4660	Sphygmomanometer/Blood Pressure Apparatus With Cuff And Stethoscope	Each	\$27.78
A4663	Blood Pressure Cuff Only	Each	\$27.80
A4670	Automatic Blood Pressure Monitor	Each	\$40.00
A4870	Plumbing And/Or Electrical Work For Home Dialysis Equipment	Each	\$400.00
A4913	Miscellaneous Dialysis Supplies	Variable	\$0.42
A4918	Venous Pressure Clamps	Each	\$0.80
A4930	Gloves, Sterile	One Pair	\$0.65
A5051	Pouch, Closed; With Barrier Attached	Each	\$2.46
A5052	Pouch, Closed; Without Barrier Attached	Each	\$1.44
A5053	Pouch, Closed; For Use On Faceplate	Each	\$1.38
A5054	Pouch, Closed; For Use On Barrier With Flange	Each	\$1.34
A5055	Stoma Cap	Each	\$1.50
A5061	Pouch, Drainable; With Barrier Attached	Each	\$3.28
A5062	Pouch, Drainable; Without Barrier Attached	Each	\$1.76
A5063	Pouch, Drainable; For Use On Barrier With Flange	Each	\$2.67
A5071	Pouch, Urinary; With Barrier Attached	Each	\$3.44
A5072	Pouch, Urinary; Without Barrier Attached	Each	\$2.37
A5073	Pouch, Urinary; For Use On Barrier With Flange	Each	\$3.17
A5081	Continent Device; Plug For Continent Stoma	Each	\$2.22
A5082	Continent Device; Catheterfor Continent Stoma	Each	\$8.00
A5093	Ostomy Accessory; Convex Insert	Each	\$1.38
A5102	Bedside Drainage Bottle, Rigid Or Expandable	Each	\$28.25
A5105	Urinary Suspensory; With Leg Bag, With Or Without Tube	Each	\$32.26
A5112	Urinary Leg Bag; Latex	Each	\$32.75
A5113	Leg Strap; Latex	One Set	\$3.16
A5114	Leg Strap; Foam Or Fabric	One Set	\$7.07
A5119	Skin Barrier; Wipes	Per 50	\$7.85
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent	Each	\$5.55
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent	Each	\$9.67
A5126	Adhesive; Disc Or Foam Pad	Each	\$0.96
A5131	Appliance Cleaner, Incontinence And Ostomy Appliances	Per 16 Oz	\$11.09
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment	Each	\$8.94

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A5500	For Diabetics Only, Fitting (Including Follow-Up) Custom Preparation And Supply Fo Off-The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multidensity Insert(S)	Per Shoe	\$62.40
A5501	For Diabetics Only, Fitting (Including Follow-Up) Custom Preparation And Supply Of Shoe Molded From Cast(S) Of Patient's Foot (Custom Molded Shoe)	Per Shoe	\$178.50
A5506	For Diabetics Only, Modification (Including Fitting) Of Off-The Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Off-Set Heel(S)	Per Shoe	\$32.40
A5508	For Diabetics Only, Deluxe Feature Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe	Per Shoe	\$38.13
A5509	For Diabetics Only, Direct Formed, Molded To Foot With External Heat Source (I.E. Heat Gun) Multiple Density Insert (S), Prefabricated	Per Shoe	\$13.20
A5510	For Diabetics Only, Direct Formed, Compression Molded To Patientos Foot Without External Heat Source, Multiple-Density Insert(S) Prefabricated	Per Shoe	MANUAL
A5511	For Diabetics Only, Custom-Molded From Model Of Patientos Foot, Multiple Density Insert(S), Custom-Fabricated	Per Shoe	MANUAL
A6000	Non-Contact Wound Warming Wound Cover For Use With The Non-Contact Wound Warming Device And Warming Card	Each	MANUAL
A6010	Collagen Based Wound Filler, Dry Form	Per Gram	\$24.50
A6011	Collagen Based Wound Filler, Gel/Paste	Per Gram	\$1.94
A6021	Collagen Dressing, Pad Size 16 Sq. In. Or Less	Each	\$16.63
A6022	Collagen Dressing, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In.	Each	\$16.63
A6023	Collagen Dressing, Pad Size More Than 48 Sq. In	Each	\$150.58
A6024	Collagen Dressing Wound Filler	Per 6 In	\$4.90
A6025	Silicone Gel Sheet	Each	\$25.20
A6154	Wound Pouch	Each	\$11.38
A6196	Alginate Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less	Each	\$5.82
A6197	Alginate Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In.	Each	\$13.01
A6198	Alginate Dressing, Wound Cover, Pad Size More Than 48 Sq. In.	Each	\$8.55
A6199	Alginate Dressing, Wound Filler	Per 6 In	\$4.18
A6200	Composite Dressing, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$7.52
A6201	Composite Dressing, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$16.46

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Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A6202	Composite Dressing, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$27.60
A6203	Composite Dressing, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$2.65
A6204	Composite Dressing, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border	Each	\$4.93
A6205	Composite Dressing, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	\$3.84
A6206	Contact Layer, 16 Sq. In. Or Less	Each	\$4.64
A6207	Contact Layer, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In.	Each	\$5.81
A6208	Contact Layer, More Than 48 Sq. In.	Each	\$3.93
A6209	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$5.92
A6210	Foam Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48. Sq. In., Without Adhesive Border	Each	\$15.76
A6211	Foam Dressing, Wound Cover, Pad Size Mroe Than 48 Sq. In., Without Adhesive Border	Each	\$23.24
A6212	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$7.67
A6213	Foam Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border	Each	\$44.80
A6214	Foam Dressing, Wound Cover, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	\$8.14
A6215	Foam Dressing, Wound Filler	Per Gram	\$0.16
A6216	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Withoutadhesive Border	Each	\$0.04
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$0.28
A6218	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$0.40
A6219	Gauze, Non-Impregnated, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$0.75
A6220	Gauze, Non-Impregnated, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border	Each	\$2.04
A6221	Gauze, Non-Impregnated, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	\$0.60
A6222	Gauze, Impregnated, Other Than Water Or Normal Saline, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$1.69

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A6223	Gauze, Impregnated, Other Than Water Or Normal Saline, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$1.91
A6224	Gauze, Impregnated, Other Than Water Or Normal Saline, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$2.86
A6228	Gauze, Impregnated, Water Or Normal Saline, Pad Size 16. Sq. In. Or Less, Without Adhesive Border	Each	MANUAL
A6229	Gauze, Impregnated, Water Or Normal Saline, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq., Without Adhesive Border	Each	\$2.86
A6230	Gauze, Impregnated, Water Or Normal Saline, Pad Size More Than 48 Sq. In., Without Adhesive Brder	Each	\$11.11
A6231	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pad Size 16 Sq. In. Or Less	Each	\$3.70
A6232	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pad Size Greater Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In.	Each	\$5.45
A6233	Gauze, Impregnated, Hydrogel For Direct Wound Contact, Pad Size More Than 48 Sq. In.	Each	\$15.18
A6234	Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$5.18
A6235	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$13.31
A6236	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$21.56
A6237	Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$6.26
A6238	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border	Each	\$18.03
A6239	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	MANUAL
A6240	Hydrocolloid Dressing, Wound Filler, Paste	Per Oz	\$9.69
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form	Per Gram	\$2.03
A6242	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$4.80
A6243	Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$9.74
A6244	Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$31.08
A6245	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$5.75

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A6246	Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border	Each	\$7.85
A6247	Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	\$18.82
A6248	Hydrogel Dressing, Wound Filler, Gel	Per Oz	\$12.85
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size	Each	\$10.80
A6251	Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$1.58
A6252	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$2.57
A6253	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$5.02
A6254	Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border	Each	\$0.96
A6255	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq., With Any Size Adhesive Border	Each	\$2.40
A6256	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border	Each	\$1.18
A6257	Transparent Film, 16 Sq. In. Or Less	Each	\$1.21
A6258	Transparent Film, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In.	Each	\$3.40
A6259	Transparent Film, More Than 48 Sq. In.	Each	\$8.66
A6260	Wound Cleansers, Any Type, Any Size	Each	\$0.20
A6261	Wound Filler, Not Elsewhere Classified, Gel/Paste	Per Oz	\$0.98
A6262	Wound Filler, Not Elsewhere Classified, Dry Form	Per Gram	\$1.20
A6266	Gauze, Impregnated, Other Than Water Or Normal Saline, Any Width	Per Yard	\$1.52
A6402	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border	Each	\$0.27
A6403	Gauze Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border	Each	\$0.34
A6404	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border	Each	\$1.14
A6410	Eye Pad, Sterile	Each	\$0.33
A6411	Eye Pad, Non-Sterile	Each	MANUAL
A6412	Eye Patch, Occlusive	Each	MANUAL

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A6421	Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6422	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6424	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6426	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6428	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6430	Light Compression Bandage, Elastic, Knitted/Woven, Load Resistance Less Than 1.25 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6432	Light Compression Bandage, Elastic, Knitted/Woven, Load Resistance Less Than 1.25 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6434	Moderate Compression Bandage, Elastic, Knitted/Woven, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To 3 Inches Or Less Than 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6436	High Compression Bandage, Elastic, Knitted/Woven, Load Resistance Greater Than Or Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 3 Yards, Unstretched)	Per Roll	MANUAL
A6438	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Load Resistance Greater Than Or Equal To 0.55 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 5 Yards, Unstretched)	Per Roll	MANUAL
A6440	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven, Width Greater Than Or Equal To 3 Inches And Less Than 5 Inches, (At Least 10 Yards, Unstretched)	Per Roll	\$11.38
A6501	Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated	Each	MANUAL
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated	Each	MANUAL
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated	Each	MANUAL
A6504	Compression Burn Garment, Glove To Wrist, Custom Fabricated	Each	MANUAL
A6505	Compression Burn Garment, Glove To Elbow, Custom Fabricated	Each	MANUAL

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A6506	Compression Burn Garment, Glove To Axilla, Custom Fabricated	Each	MANUAL
A6507	Compression Burn Garment, Foot To Knee Length, Custom Fabricated	Each	MANUAL
A6508	Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	Each	MANUAL
A6509	Compres Burn Garment Vest	Each	MANUAL
A6510	Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard), Custom Fabricated	Each	MANUAL
A6511	Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom Fabricated	Each	MANUAL
A6512	Compression Burn Garment, Not Otherwise Classified	Each	MANUAL
A7000	Canister, Disposable, Used With Suction Pump, Each	Each	\$7.11
A7001	Canister, Non-Disposable, Used With Suction Pump	Each	\$26.34
A7002	Tubing, Used With Suction Pump	Each	\$3.05
A7003	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	Each	\$1.89
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	Each	\$1.43
A7005	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable	Each	\$24.54
A7006	Administration Set, With Small Volume Filtered Pneumatic Nebulizer	Each	\$7.60
A7007	Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor	Each	\$3.67
A7008	Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor	Each	\$8.76
A7009	Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer	Each	\$33.46
A7010	Corrugated Tubing, Disposable, Used With Large Volume Nebulizer	100 Ft	\$18.78
A7011	Corrugated Tubing, Non-Disposable, Used With Large Volume Nebulizer	10 Ft	\$4.66
A7012	Water Collection Device, Used With Large Volume Nebulizer	Each	\$2.57
A7013	Filter, Disposable, Used With Aerosol Compressor	Each	\$0.66
A7014	Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator	Each	\$3.58
A7015	Aerosol Mask, Used With Dme Nebulizer	Each	\$1.36
A7016	Dome And Mouthpiece, Used With Small Volume Ultrasonic Nebulizer	Each	\$5.77
A7017	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type With Oxygen	Each	\$106.70
A7018	Water, Distilled, Used With Large Volume Nebulizer	1000 ML	\$0.30
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement	Each	\$369.70

(Continued)

Table 1 – Indiana Medicaid Statewide Fee Schedule for Medical Supplies

Code	Description	Unit	Fee
A7026	High Frequency Chest Wall Oscillation System Hose, Replacement	Each	\$24.44
A7032	Replacement Cushion For Nasal Application Device	Each	\$34.45
A7033	Replacement Pillows For Nasal Application Device	One Pair	\$24.15
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Each	\$99.99
A7035	Headgear Used With Positive Airway Pressure Device	Each	\$33.79
A7036	Chinstrap Used With Positive Airway Pressure Device	Each	\$15.47
A7037	Tubing Used With Positive Airway Pressure Device	Each	\$34.87
A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Each	\$4.58
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Each	\$13.03
A7042	Implanted Pleural Catheter	Each	\$153.07
A7043	Vacuum Drainage Bottle And Tubing For Use With Implanted Catheter	Each	\$21.92
A7044	Oral Interface Used With Positive Airway Pressure Device	Each	\$102.77
A7501	Tracheostoma Valve, Including Diaphragm	Each	\$83.11
A7502	Replacement Diaphragm/Faceplate For Tracheostoma Valve	Each	\$39.50
A7503	Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture Exchange System	Each	\$8.97
A7504	Filter For Use In A Tracheostoma Heat And Moisture Exchange System	Each	\$0.53
A7505	Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange System And/Or With A Tracheostoma Valve	Each	\$3.70
A7506	Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With Tracheostoma Valve, Any Type	Each	\$0.26
A7507	Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System	Each	\$1.97
A7508	Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System And/Or With A Tracheostoma Valve	Each	\$2.27
A7509	Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma Heat And Moisture Exchange System	Each	\$1.11
Y1000	Clear Ocularial-Facial Shapes (Conformers) And Post-Op Ptosis Shapes	Each	\$162.62
Y4009	Supplies (Not Elsewhere Classified)	Variable	\$4.15

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