

# **Medical Supplies Procedure Codes & Coverage Guidelines**

New York State Medicaid, Medical Supplies



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

## **New York State Medicaid**

Office of Health Insurance Programs  
Department of Health

### **CONTACTS:**

#### **eMedNY URL**

<https://www.emedny.org/>

#### **ePACES Reference Guide**

[https://www.emedny.org/selfhelp/ePACES/PDFS/5010\\_ePACES\\_Professional\\_Real\\_Time\\_Claim\\_Reference\\_Guide.pdf](https://www.emedny.org/selfhelp/ePACES/PDFS/5010_ePACES_Professional_Real_Time_Claim_Reference_Guide.pdf)

#### **GDIT**

**(800) 343-9000**

Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange, FTP), Provider Enrollment

#### **Bureau of Medical Review**

**(800) 342-3005**

[OHIPMEDPA@health.ny.gov](mailto:OHIPMEDPA@health.ny.gov)

Prior Approval; Policies and Procedures concerning Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies

#### **All eMedNY Contact Information**

[eMedNY Contacts PDF](#)

#### **NYRx Medicaid Helpline**

(800) 541-2831

#### **Pharmacy Benefits and Coverage website**

<https://member.emedny.org/pharmacy/benefits>

# Coverage Guidelines

Medical Supplies



## Table of Contents

Document Control Properties .....	4
DMEPOS Policy Manual .....	4
3.0 NEW FOR APRIL 2025.....	5
Quantity/Frequency .....	5
Change of Service Area.....	5
Change in Authorization Type .....	5
Fees .....	5
4.0 General Information and Instructions.....	6
NYRx Transition .....	6
Fees .....	6
Standards .....	6
Federal Law.....	6
Purchases.....	6
Brand Names.....	6
Modifiers.....	6
Quantity .....	7
Frequency.....	7
Dispensing.....	7
4.1 Medical/Surgical Supplies .....	8
Adhesive Tape/Remover.....	8
Antiseptics.....	8
Breast Pumps .....	8
Canes/Crutches/Accessories.....	10
Incontinence Appliances and Care Supplies.....	10
Intermittent Urinary Catheterization .....	11
External Urinary Supplies.....	11
Ostomy Supplies .....	12
Additional Incontinence Appliances/Supplies.....	14
Anal Irrigation Systems.....	14
Commode Accessories.....	15
Diabetic Diagnostics.....	15
Diabetic Daily Care .....	16
Continuous Glucose Monitoring (CGM).....	16

# Coverage Guidelines

## Medical Supplies

Family Planning Products .....	17
Gloves .....	17
Heat/Cold Application .....	18
Synthetic Sheep Skin and Decubitus Care .....	18
Mastectomy Care .....	18
Respiratory/Tracheostomy Care Supplies .....	18
Support Goods .....	20
Thermometers .....	20
Underpads/Diapers/Liners .....	20
Wound Dressings .....	21
Miscellaneous Supplies .....	24
4.2 Enteral Therapy .....	25
Enteral Formulae and Enteral Supplies .....	26
Enteral Nutritional Formula .....	27
Parenteral Formulae and Parenteral Supplies (Pharmacy Only) .....	29
4.3 Hearing Aid Battery .....	30
4.4, 4.5, 4.6, 4.7 DME, Orthotics, Prescription Footwear, Prosthetics .....	30
5.0 Pharmacists as Immunizers .....	30

### Document Control Properties

Control Item	Value
Document Name	<b>Medical Supply Procedure Codes and Coverage Guidelines</b>
Document Control Number	Medical Supply 2025
Document Type	Coverage Guidelines
Document Version	1.0
Document Status	Published
Effective Date	4/01/2025

### DMEPOS Policy Manual

The DMEPOS policy manual can be found on eMedNY.org which includes definitions, requirements for participation in Medicaid, and basis of payment for services provided.

[https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Policy\\_Section.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Policy_Section.pdf)

# Coverage Guidelines

## Medical Supplies

### 3.0 NEW FOR APRIL 2025

#### Quantity/Frequency

Please note the following changes to the quantities listed on the DMEPOS Fee Schedule

Code	Description	Previous Quantity	New Quantity	Previous Frequency	New Frequency
B4220	Parenteral nutrition supply kit, premix, per day	90	7	twice/month	once/week
B4222	Parenteral nutrition supply kit, home mix, per day	90	7	twice/month	once/week
B4224	Parenteral nutrition administration kit, per day	90	7	twice/month	once/week

#### Change of Service Area

Code/Description	Previous Service Area	New Service Area
A7038- Filter, disposable, used with positive airway pressure device, each	B- Medical Supplies	E-DME (Code now located in DME Procedure Code manual)
A7039- Filter, non-disposable, used with positive airway pressure device, each	B- Medical Supplies	E-DME (Code now located in DME Procedure Code manual)

#### Change in Authorization Type

Code	Previous Auth Type	New Auth Type
A4222	Prior Approval	DVS
A4223	Prior Approval	DVS
B4220	Prior Approval	Direct Bill
B4222	Prior Approval	Direct Bill
B4224	Prior Approval	Direct Bill

#### Fees

Please note the following changes to the fees listed on the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule.

Code/Description	Previous Fee	New Fee
V5266 Battery for use in hearing aid device	\$0.56	\$0.85

# Coverage Guidelines

## Medical Supplies

### 4.0 General Information and Instructions

#### NYRx Transition

As of April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) receive their pharmacy benefits through the NYRx, (the Medicaid Pharmacy Program) or through an enrolled DMEPOS provider through professional claims submission, instead of through their MMC Plan. The pharmacy/DME supply benefit transition to NYRx and Fee for Service (FFS) DME providers does not apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)].

Items located in Sections 4.1, 4.2, 4.3, and 5.0 are included in the NYRx transition. After April 1, 2023, claims for MMC members for items in these sections will be reimbursed through NYRx or DMEPOS FFS providers and billed directly to Medicaid. All prior approval/authorization systems or procedures are in effect as for current FFS members.

#### Fees

Fees are published in the Fee Schedule section of the DME Manual located at <https://www.emedny.org/ProviderManuals/DME/>

#### Standards

Standards of coverage are included for high utilization items to clarify conditions under which Medicaid will reimburse for these items. Also see [section 2 of the DME Policy Guidelines](#).

#### Federal Law

Any item dispensed in violation of Federal, State or Local Law is not reimbursable by New York State Medicaid.

#### Purchases

An underlined procedure code indicates the item/service requires prior approval. When the procedure code's description is preceded by a "#", the item/service requires an authorization via the dispensing validation system (DVS). When the procedure code's description is preceded by an asterisk (\*), the item/service requires an authorization via the Interactive Voice Response (IVR) system or Enteral Web Portal, <https://medicaidenteralportal.health.ny.gov/portal/>. When none of the above-described circumstances exist, the procedure code is a direct bill item. Please refer to the DME manual, Policy Guidelines, for additional information.

#### Brand Names

Where brand names and model numbers appear in the DME manual, they are intended to identify the type and quality of equipment expected and are not exclusive of any comparable product by the same or another manufacturer.

#### Modifiers

The following modifiers should be added to the five-character Healthcare Common Procedure Coding System (HCPCS) code when appropriate.

<b>'-BO' <u>Orally administered enteral nutrition</u></b>	Must be added to the five-digit alpha-numeric code as indicated
<b>'-RB' <u>Replacement and Repair</u></b>	- Allowed twice per year (365 days) per device for patient-owned devices only. More frequent repairs to the device require prior approval

# Coverage Guidelines

## Medical Supplies

	<ul style="list-style-type: none"><li>- Bill with the most specific code available with the modifier for the equipment or part being repaired</li><li>- Use of “-RB” is not needed when a code is available for a specific replacement part: use the specific code only when billing</li><li>- A price must be listed for the code in the fee schedule in order for ‘-RB’ to be reimbursable without prior approval</li><li>- Prior approval is not required when the repair charge is less than 25% of the price listed on the code for the device.</li><li>- If the charge is greater than 25% of the price, prior approval is required.</li></ul>
<b><u>‘-U3’ Repair/Replacement of Patient Owned Equipment</u></b>	<ul style="list-style-type: none"><li>- is required when billing for repairs to patient owned equipment when the member is in a hospital or skilled nursing facility.</li></ul>

### Quantity

For items listed in section 4.1 Medical/Surgical Supplies, the quantity listed on the DME Fee Schedule is the maximum allowed **per 30 days**, unless otherwise specified. If the fiscal order exceeds this amount, the provider must obtain prior approval.

### Frequency

Durable Medical Equipment, Orthotics, Prosthetics and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a member exceeds the limit on an item, prior approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded. The frequency for each item is listed by a superscript notation next to the procedure code. The following table lists the meaning of each notation:

F1=once/lifetime	F2=twice/lifetime	F3=once/5years	F4=once/3 years
F5=once/2 years	F6=once/year	F7=twice/year	F8=three/2 months
F9=once/month	F10=twice/month	F11=four/month	F12=once/day
F13=once/3 months	F14=four/lifetime	F15=six/lifetime	F16=once/6 months
F17=twelve/lifetime	F18=three/lifetime	F19=twice/3years	F20=two/2 years
F21=two/6 months	F22=four/year	F23=six/2 years	F24=eight/year
F25=eight/lifetime	F26=continuous monthly rental	F27= once/week	

### Dispensing

This manual specifies when accessories or components are included in the maximum reimbursement amount (MRA) of certain base codes (i.e., wheelchairs, standers, speech generating devices). These accessories or components should be included at the time of initial dispensing of the equipment. No additional reimbursement will be made for these accessories or components within 90 days of dispensing the base item. If an included accessory is required within 90 days of dispensing the original item, the equipment provider should supply the accessory or component at no additional charge to the member.

# Coverage Guidelines

## Medical Supplies

### 4.1 Medical/Surgical Supplies

Items located in Sections 4.1, 4.2, 4.3, and 5.0 are included in the NYRx transition. After April 1, 2023, claims for MMC members for items in these sections will be reimbursed through NYRx or DMEPOS FFS providers and billed directly to Medicaid. All prior approval/authorization systems or procedures are in effect as for current FFS members.

#### Adhesive Tape/Remover

A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

#### Antiseptics

A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box (100's)
A4246	Betadine or Phisohex solution, per pint

#### Breast Pumps

Include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.

E0602 <sup>F3</sup>	Breast pump, manual, any type
---------------------	-------------------------------

The manual pump must:

- Not be a bulb-type manual pump
- Have a suction source that is independent of the collection container and the pump cylinder cannot be used as a milk collecting container
- Be packaged pre-assembled with all parts necessary for pumping with a minimum of one hand and be intended for a single user
- Be lightweight and portable requiring no electricity
- Have safety precautions to prevent suction from getting too high, > 250 mm Hg
- Have a comfort cushion and spring or similar for easier hand pumping
- Include breast flanges that are either adjustable/flexible or come in at least two (2) sizes to accommodate different breast sizes with no sharp edges
- Include a collection bottle of four to six ounces with a spill proof cap and standard-size opening and be bisphenol-A (BPA) and DHEP-free
- Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning which are scratch resistant and non-breakable



# Coverage Guidelines

## Medical Supplies

The manual pedal pump must:

- Be an easy-to-assemble wooden pedal pump which requires no electricity and is powered by the leg and foot muscles. This pump can be useful for mothers with compromised hand or arm movements
- Include an express spring for easier use
- Work with a double pumping collection kit

E0603 <sup>F2</sup>	<b>#Breast pump, electric (AC and/or DC), any type</b>
---------------------	--

The electric personal use/single-user pump must:

- Be lightweight and portable. The total weight of furnished assembly should not exceed 10 pounds
- Be packaged pre-assembled with all parts necessary for pumping. Assembly includes but not limited to pump motor unit, minimum 5 feet-long electric cord, and double pumping collection kit
- Operate on a 110-volt household current and be UL listed
- Have an adjustable suction pressure between 50 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer's instructions to prevent nipple trauma
- Have a mechanism for automatic release of suction for safety
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable
- Have single and double pumping capacity and capable of maintaining a consistent vacuum (no pressure change) as the collection container fills regardless of the container size and whether single or double pumping
- Have double pumping capacity, which is simultaneous, not alternating
- Have a visible breast milk pathway and no milk can contact the internal pump-motor unit parts at any time when the product is used per manufacturer instructions
- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges
- Include a collection bottle of four to six ounces with a spill proof cap and standard-size opening and be bisphenol-A (BPA) and DHEP-free
- Include a durable soft-sided carrying case with a storage compartment to hold pumping accessories and an insulated cooling compartment including freezer packs for storing expressed breast milk; this is recommended especially for women returning to work or school

# Coverage Guidelines

## Medical Supplies

- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended for flexibility of pumping

**Minimum Breast Pump Specifications for Single User/Multi-User\* Double Pumping Kits \*Use with hospital grade rentals. The kit must:**

- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges
- Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously or only one breast manually
- Include at least two collection bottles of four (4) to six (6) ounces with a spill-proof cap and standard-sized opening and be bisphenol-A (BPA) and DHEP-free
- Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning which are scratch resistant and non-breakable
- Have durable tubing designed for long-term pumping use
- Design and materials of the furnished assembly shall allow viewing the breast milk pathway
- Include an adapter that can be used as an alternate power source other than electric; this is recommended and may come as part of pump assembly or pumping kit

A4287	Disposable collection and storage bag for breast milk, any size, any type, each
-------	---

### Canes/Crutches/Accessories

A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch or walker, each
A4637	Replacement, tip, cane, crutch, or walker, each
E0100 <sup>F4</sup>	#Cane, includes canes of all materials, adjustable or fixed, with tip
E0105 <sup>F4</sup>	#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)
E0110 <sup>F3</sup>	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and hand grips (over 23" height, no rotation option)
E0111 <sup>F3</sup>	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)
E0112 <sup>F3</sup>	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and hand grips
E0113 <sup>F3</sup>	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip
E0114 <sup>F3</sup>	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and hand grips
E0116 <sup>F3</sup>	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each

### Incontinence Appliances and Care Supplies

A4310	Insertion tray without drainage bag and without catheter (accessories only) each
-------	--

# Coverage Guidelines

## Medical Supplies



Department  
of Health

A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) each
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) each
A4320	Irrigation tray with bulb or piston syringe, any purpose each
A4322	Irrigation syringe, bulb or piston, each
A4326	Male external catheter with integral collection chamber, any type, each
A4328	Female external urinary collection device; pouch, each
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4335	Incontinence supply: miscellaneous
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4344	Indwelling catheter; Foley type, two-way, all silicone, each
A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each
A4349	Male external catheter, with or without adhesive, disposable, each
A4354	Insertion tray with drainage bag but without catheter, each

### Intermittent Urinary Catheterization

A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.) each
A4353	Intermittent urinary catheter, with insertion supplies, each

### Coverage Criteria:

Medicaid will cover:

- A. Intermittent urinary catheter; straight tip (A4351).
- B. Coude (curved) tip intermittent urinary catheter (A4352) is covered when the ordering practitioner documents treatment failure with straight tip (A4351) intermittent catheter.
- C. Intermittent urinary catheter with insertion supplies (A4353) is covered when the member requires intermittent catheterization outside the home setting (work, school, etc.) or has had documented recurrent urinary tract infections while using intermittent catheters (A4351/A4352), requiring the use of intermittent urinary catheters with insertion supplies (A4353). If the member requires A4353 for any other medical reason, prior approval is required.

A total quantity of up to 200 intermittent catheters, in combination, per 30 days is allowed; claims for any combination of total intermittent urinary catheters and intermittent urinary catheters with supplies greater than 200 will be denied.

### External Urinary Supplies

A4356 <sup>F5</sup>	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each

# Coverage Guidelines

## Medical Supplies

### Ostomy Supplies

These codes must be billed for ostomy care only

A4361	#Ostomy faceplate, each
A4362	#Skin barrier, solid 4x4 or equivalent, each
A4363	#Ostomy clamp, any type, replacement only, each
A4364	#Adhesive, liquid, or equal, any type, per ounce
A4366	#Ostomy vent, any type, each
A4367	#Ostomy belt, each
A4368	#Ostomy filter, any type, each
A4369	#Ostomy skin barrier, liquid (spray, brush, etc.), per ounce
A4371	#Ostomy skin barrier, powder, per ounce
A4372	#Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
A4373	#Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	#Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	#Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	#Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	#Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	#Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	#Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	#Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	#Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	#Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	#Ostomy faceplate equivalent, silicone ring, each
A4385	#Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	#Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each
A4388	#Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each
A4389	#Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
A4390	#Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	#Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each
A4392	#Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	#Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	#Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
A4395	#Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	#Ostomy belt with peristomal hernia support
A4397	#Ostomy irrigation supply; sleeve, each
A4398	#Ostomy irrigation supply; bag, each
A4399 <sup>F10</sup>	#Ostomy irrigation supply; cone/catheter, including brush
A4400	#Ostomy irrigation set
A4402	#Lubricant, per ounce
A4404	#Ostomy ring, each
A4405	#Ostomy skin barrier, non-pectin based, paste, per ounce

# Coverage Guidelines

## Medical Supplies



Department  
of Health

A4406	#Ostomy skin barrier, pectin-based, paste, per ounce
A4407	#Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	#Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	#Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	#Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	#Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
A4412	#Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), without filter, each (used after ostomy surgery)
A4413	#Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each (used after ostomy surgery)
A4414	#Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	#Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each
A4416	#Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A4417	#Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each
A4418	#Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4419	#Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each
A4420	#Ostomy pouch, closed; for use on barrier with locking flange (two piece), each
A4421	Ostomy supply; miscellaneous
A4422	#Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	#Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each
A4424	#Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4425	#Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two-piece system), each
A4426	#Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each
A4427	#Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each
A4428	#Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	#Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	#Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece)
A4431	#Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	#Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	#Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	#Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4435	#Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each (used after ostomy surgery)

# Coverage Guidelines

## Medical Supplies



Department  
of Health

A4456	#Adhesive remover, wipes, any type, each
A5051	#Pouch, closed; with barrier attached (1 piece), each
A5052	#Pouch, closed; without barrier attached (1 piece), each
A5053	#Pouch, closed; for use on faceplate, each
A5054	#Pouch, closed; for use on barrier with flange (2 piece), each
A5055	#Stoma cap, each
A5056	#Ostomy pouch, drainable, with extended wear barrier Attached, with filter, (1 piece), each
A5057	#Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each
A5061	#Pouch, drainable; with barrier attached (1 piece), each
A5062	#Pouch, drainable; without barrier attached (1 piece), each
A5063	#Pouch, drainable, for use on barrier with flange (2 piece system), each
A5071	#Pouch, urinary; with barrier attached (1 piece), each
A5072	#Pouch, urinary; without barrier attached (1 piece), each
A5073	#Pouch, urinary; for use on barrier with flange (2 piece), each
A5081	#Stoma plug or seal, any type, each
A5082 <sup>F10</sup>	#Continent device; catheter for continent stoma
A5083	#Continent device, stoma absorptive cover for continent stoma, each
A5093	#Ostomy accessory; convex insert, each

### Additional Incontinence Appliances/Supplies

A4457 <sup>F7</sup>	Enema tube, with or without adapter, any type, replacement only, each
A4458 <sup>F7</sup>	#Enema bag with tubing, reusable
A5105	#Urinary suspensory with leg bag, with or without tube, each
A5112	Urinary leg bag; latex each
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A5120	Skin barrier, wipes or swabs, each (Billed for ostomy care only)
A5121	Skin barrier; solid, 6x6 or equivalent, each
A5122	Skin barrier; solid, 8x8 or equivalent, each
A5126	Adhesive or non-adhesive; disc or foam pad each
A5131 <sup>F10</sup>	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment each

### Anal Irrigation Systems

A4453 <sup>F9</sup>	Rectal catheter for use with the manual pump-operated enema system, replacement only (1 unit=15 catheters)
A4459 <sup>F22</sup>	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type

#### Coverage Criteria:

An anal irrigation system may be considered medically necessary as part of a bowel management program when the following criteria are met:

1. Used for the management of chronic neurogenic bowel dysfunction for ages 2 years or older;
2. The individual suffers from chronic fecal incontinence or constipation;
3. Initial management involving diet, bowel habit, laxatives or constipating medications have failed; and



# Coverage Guidelines

## Medical Supplies

4. The individual has no known contraindications listed below:

- anal or colorectal stenosis
- colorectal cancer, radiotherapy to the pelvis,
- recent abdomino-perineal surgery
- active inflammatory bowel disease, diverticulitis, and ischemic colitis
- chronic and complex diverticular disease
- abdominal, anal, or colorectal surgery within the last 3 months
- recent endoscopic polypectomy, recent colonic biopsy, recent endoscopic mucosal resection, and recent endoscopic sub-mucosal dissection
- severe autonomic dysreflexia, or
- during spinal cord shock phase

### Commode Accessories

E0160 <sup>F3</sup>	#Sitz type bath, or equipment, portable, used with or without commode
E0167 <sup>F3</sup>	#Pail or pan for use with commode chair, replacement only
E0275 <sup>F4</sup>	#Bed pan, standard, metal or plastic
E0276 <sup>F4</sup>	#Bed pan, fracture, metal or plastic
E0325 <sup>F3</sup>	#Urinal; male, jug-type, any material
E0326 <sup>F3</sup>	#Urinal; female, jug-type, any material

### Diabetic Diagnostics

A4233 <sup>F10</sup>	#Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234 <sup>F10</sup>	#Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235 <sup>F10</sup>	#Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4250	Urine test or reagent strips or tablets, (100 tablets or strips) each
A4252	#Blood ketone test or reagent strip, each
<u>A4253</u>	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips <ul style="list-style-type: none"><li>- Only the coordinating blood glucose test strips for E2100 are reimbursed using HCPCS code <u>A4253</u></li><li>- The supporting documentation and fiscal order must indicate the patient uses E2100, glucometer with voice synthesizer</li></ul>
A4256 <sup>F10</sup>	#Normal, low and high calibrator solution/chips
E2100 <sup>F3</sup>	#Blood glucose monitor with integrated voice synthesizer (Covered for diabetic members with a diagnosis of blindness for low vision)
A9275	#Home glucose disposable monitor, includes test strips each

# Coverage Guidelines

## Medical Supplies

### Coverage Criteria:

- Disposable glucometers are reimbursable when the ordering practitioner documents in the member's file one of these diagnoses or situations:
  1. Person newly diagnosed with diabetes
  2. Diagnosed with gestational diabetes
  3. Diagnosed with Type 2 diabetes
  4. In medical need of a treatment plan change from a traditional to disposable home glucometer
  5. In medical need of an emergency replacement glucometer while awaiting prior approval of a traditional glucometer
  6. A child who requires testing in school

### Non-Covered Indications:

- Disposable glucometers are not reimbursable as a back-up glucometer
- Medicaid payment is only available for either a traditional glucometer or a disposable glucometer. If a disposable glucometer is dispensed, no additional strips are reimbursable.

### Diabetic Daily Care

A4206	Syringe with needle, sterile 1cc, each (Pharmacy only)
A4207	Syringe with needle, sterile 2cc, each (Pharmacy only)
A4208	Syringe with needle, sterile 3cc, each (Pharmacy only)
A4209	Syringe with needle, sterile 5cc or greater, each (Pharmacy only)
A4211	Supplies for self-administered injections (limited to supplies not otherwise listed) (Pharmacy only)
A4213	Syringe, sterile, 20cc or greater, each (Pharmacy only)
A4215	Needle, sterile, any size, each (Pharmacy only)
A4230	#Infusion set for external insulin pump, non-needle cannula type, each (60 day supply)
A4231	#Infusion set for external insulin pump, needle type, each (60 day supply)
A4232	#Syringe with needle for external insulin pump, sterile, 3 cc, each (60 day supply)
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box (100's)
A4657	Syringe with or without needle, each (any size) (Pharmacy only)
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
S5560	#Insulin delivery device, reusable pen; 1.5ml size (Pharmacy only)
S5561	#Insulin delivery device, reusable pen; 3ml size (Pharmacy only)
S8490	Insulin syringes (100 syringes, any size) (low dose, 0.3cc – 0.5cc) (Pharmacy only)

### Continuous Glucose Monitoring (CGM)

#### Preferred Diabetic Supply Program

Certain CGM and related diabetic supply products (disposable insulin delivery systems) have been added to the Preferred Diabetic Supply Program.

Effective June 3, 2024, Continuous Glucose Monitors and related supplies found in the [Preferred Diabetic Supply Program](#) will only be available through a pharmacy provider. Durable Medical Equipment, Prosthetics, Orthotics and



# Coverage Guidelines

## Medical Supplies

Supply (DMEPOS) providers will no longer be able to dispense CGMs and related supplies found on the PDSP such as Dexcom G6, G7, and Freestyle Libre. Medicaid will no longer accept prior approval requests for CGMs and supplies from DMEPOS providers found in the PDSP. These requests will be inactivated and referred to the PDSP.

Medtronic CGMs and related supplies are not currently reimbursed by the PDSP and authorizations for these CGMs and supplies will continue to be issued through the Dispensing Validation System (DVS) and can be billed by DMEPOS and pharmacy providers using HCPCS codes E2102 and A4238.

A4238 <sup>F9</sup>	<b>#Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service</b>
E2102 <sup>F4</sup>	<b>#Adjunctive, non-implanted continuous glucose monitor or receiver</b>

### CGM Coverage Guidelines

CGM may be available for members who are diagnosed with diabetes and meet all the following criteria:

1. Member with a diagnosis of gestational diabetes, or
2. Member with a diagnosis of type 1 or type 2 diabetes, who meet all the following criteria:
  - Are under the care of an endocrinologist, or an enrolled Medicaid provider with experience in diabetes treatment, who orders the device.
  - Are compliant with regular visits to review CGM data with their provider.
  - Are on an insulin treatment plan or an insulin pump.
  - Are able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.

### Additional CGM Guidelines:

- Only providers who have had a recent visit with their patient (within the last six months) should order a CGM.
- Prescribers should be actively monitoring their patients to ensure adherence to treatment plans. Diabetes education is strongly encouraged.
- Providers must document CGM data in patients' charts. All collected data should be used in clinical decisions.
- Insulin pump replacement will be considered when medically necessary, outside of manufacturer's warranty, and not for recent technology upgrades. Repairs will be funded if outside of manufacturer's warranty and cost effective (< 50 percent of fee).
- Ancillary devices (such as, but not limited to, phones, tablets, and personal computers) are not covered.

Providers should verify manufacturer's age requirements for the CGM device ordered.

### **Family Planning Products**

A4266	<b>Diaphragm for contraceptive use (kit, e.g., All Flex, Coil, Flat Spring) (Pharmacy only)</b>
A4267	<b>Contraceptive supply, condom, male, each</b>
A4268	<b>Contraceptive supply, condom, female, each</b>

### **Gloves**

A4927	<b>#Gloves, non-sterile, per 100</b>
A4930	<b>#Gloves, sterile, per pair</b>

# Coverage Guidelines

## Medical Supplies

### Coverage Criteria:

- Gloves are reimbursable only when medically necessary for use by the member.
- Sterile gloves are only reimbursable when medically necessary to perform a sterile procedure.
- Gloves are not reimbursable as personal protective equipment for employees/caregivers or when included in a kit or tray (e.g., catheter or tracheostomy)

### Heat/Cold Application

E0210 <sup>F4</sup>	#Electric heat pad, standard
E0215 <sup>F4</sup>	#Electric heat pad, moist
A9273 <sup>F6</sup>	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type (ice cap/or collar not reimbursable)

### Synthetic Sheep Skin and Decubitus Care

E0188 <sup>F13</sup>	Synthetic sheepskin pad
E0191 <sup>F10</sup>	Heel or elbow protector, each

### Mastectomy Care

L8000 <sup>F24</sup>	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form
L8001 <sup>F24</sup>	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002 <sup>F22</sup>	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8020 <sup>F22</sup>	Breast prosthesis, mastectomy form
L8030 <sup>F22</sup>	Breast prosthesis, silicone or equal, without integral adhesive
L8031 <sup>F22</sup>	Breast prosthesis, silicone or equal, with integral adhesive
S8460 <sup>F24</sup>	Camisole, post-mastectomy

### Respiratory/Tracheostomy Care Supplies

Note: Supplies/parts are for patient-owned equipment only

A4605	Tracheal suction catheter, closed system each (for mechanical ventilation patient)
A4481	#Tracheostoma filter, any type, any size, each (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter). <ul style="list-style-type: none"> <li>- If ventilator-dependent, included in the 30-day ventilator rental fee.</li> <li>- Not to be billed in conjunction with E0465 or E0466</li> </ul>
A4614 <sup>F8</sup>	Peak expiratory flow meter, hand-held, each
A4615	Cannula, nasal, each For patient owned respiratory equipment
A4616	Tubing, (Oxygen), per foot For patient owned respiratory equipment
A4619	Face Tent, each For patient owned respiratory equipment
A4620	Variable Concentration Mask, each For patient owned respiratory equipment

# Coverage Guidelines

## Medical Supplies



Department  
of Health

A4623	Tracheostomy, inner cannula, each
A4624	Tracheal suction catheter, any type, other than closed system, each (tray)
A4625	Tracheostomy care kit for new tracheostomy, each Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape, gauze roll and tracheostomy tube holder
A4626	Tracheostomy cleaning brush, each
A4628	Oropharyngeal suction catheter, each (e.g., Yankauer)
A4629	Tracheostomy care kit for established tracheostomy, each Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape and tracheostomy tube holder
A7000	Canister, disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each (Suction connection tubes)
A7003	Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable, each
A7004	Small volume nonfiltered pneumatic nebulizer, disposable, each
A7005 <sup>F7</sup>	#Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor, each
A7013	Filter, disposable, used with aerosol compressor, each
A7014 <sup>F8</sup>	Filter, non-disposable, used with aerosol compressor or ultrasonic generator
A7015 <sup>F8</sup>	Aerosol mask, used with DME nebulizer
A7048	#Vacuum drainage collection unit and tubing kit; including all supplies needed for collection unit change, for use with implanted catheter, each For use with implanted pleural or peritoneal catheter, not for use with peritoneal dialysis
A7501	#Tracheostoma valve, including diaphragm, each
A7502	#Replacement diaphragm/faceplate for tracheostoma valve, each
A7503 <sup>F16</sup>	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrative adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7523 <sup>F5</sup>	Tracheostomy shower protector, each
A7525	Tracheostomy mask, each
A7526	Tracheostomy tube collar/holder, each
E0605 <sup>F4</sup>	#Vaporizer, room type Covered for the treatment of respiratory illness; warm or cool mist
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
S8100 <sup>F21</sup>	Holding chamber or spacer for use with an inhaler or nebulizer; without mask
S8101 <sup>F21</sup>	Holding chamber or spacer for use with an inhaler or nebulizer; with mask, each
S8189	Tracheostomy supply, not otherwise classified

# Coverage Guidelines

## Medical Supplies



Department  
of Health

### Support Goods

A4463	Surgical dressing holder, reusable, each
A4495 <sup>F7</sup>	#Surgical stockings thigh length, each
A4500 <sup>F7</sup>	#Surgical stockings below knee length, each
A4510 <sup>F7</sup>	#Surgical stockings full length, each
A4565 <sup>F10</sup>	Slings
A4570	Splint each
L0120 <sup>F13</sup>	#Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)

### Thermometers

A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each

### Underpads/Diapers/Liners

#### Coverage Criteria:

- Diapers/Liners and underpads are covered for the treatment of incontinence only when the medical need is documented by the ordering practitioner and maintained in the member's clinical file.

#### Non-Covered Indications:

- Diapers/Liners will not be covered for children under the age of three as they are needed as part of the developmental process.
- Incontinence liners are not menstrual pads. Personal hygiene products such as menstrual pads are not covered.

#### General Guidelines:

- The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper/liner dispensed.
- Up to a total of 250 disposable diapers and/or liners are allowed per 30 days, providing for up to 8 changes per day. Claims for any combination of diapers and/or liners over 250 per 30 days will be denied.
- The quantity limits reflect amounts required to meet the medical need for a member's incontinence treatment plan.

To assist practitioners with ordering incontinence products, an ordering tool has been developed for monthly quantities for each covered diagnosis. Please refer to the [ordering tool](#) for additional information.

See following link to the November 2020 Medicaid Update article regarding the New York State Incontinence Supply Program Requirements:

[https://www.health.ny.gov/health\\_care/medicaid/program/update/2020/docs/mu\\_no16\\_nov20.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no16_nov20.pdf)

A4335	Incontinence supply; miscellaneous, each
A4554	#Disposable under pads, all sizes, (e.g., Chux's), each
T4521	#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")
T4522	#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")
T4523	#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")
T4524	#Adult sized disposable incontinence product, brief/diaper, extra-large, each (waist/hip 60"-62")
T4529	#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23lbs)
T4530	#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)

# Coverage Guidelines

## Medical Supplies



Department  
of Health

T4533	#Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)
T4535	#Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4537	#Incontinence product, protective underpad, reusable, bed size, each
T4539	#Incontinence product, diaper/brief, reusable, any size, each
T4540	#Incontinence product, protective underpad, reusable, chair size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each (waist/hip $\geq$ 62")

### Wound Dressings

A6010	#Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	Oral thermometer, reusable, any type, each
A6021	#Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	#Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	#Collagen dressing, sterile, size more than 48 sq. in., each
A6024	#Collagen dressing wound filler, sterile, per 6 inches
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	Composite dressing, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq. in., or less, each dressing
A6207	Contact layer, sterile, more than 16 but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

# Coverage Guidelines

## Medical Supplies



Department  
of Health

A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in. without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing



# Coverage Guidelines

## Medical Supplies

A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	Transparent film, sterile, more than 16 but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
<u>A6261</u>	Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified
<u>A6262</u>	Wound filler, dry form, sterile, per gram, not elsewhere classified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard

# Coverage Guidelines

## Medical Supplies

A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/ woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/ woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/ woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6550	#Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories. (Can only be dispensed with E2402)

### Miscellaneous Supplies

A4216	Sterile water, saline, and/or dextrose (diluent), 10ml
A4217	Sterile water/saline, 500ml
A4221	<p><b>#Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately)</b> (Providers would access DVS once every 30 days for up to 4 units total per month, 1 unit=1 week)</p> <ul style="list-style-type: none"> <li>- Includes supplies used for maintenance of infusion catheter, including but not limited to: flush solutions not directly related to drug infusion, dressings, cannulas and needles, needleless systems, end caps, extension sets.</li> <li>- Catheter site may be peripheral intravenous line, peripherally inserted central venous catheter, centrally inserted intravenous line with either external or subcutaneous port, or epidural catheter</li> </ul>
A4222	<p><b>#Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)</b> (maximum of 1 bag or cassette per day).</p> <ul style="list-style-type: none"> <li>- Supplies required for use with external drug infusion pump, including cassette or bag, diluting solutions, tubing, and other administration supplies.</li> <li>- Requested units based on number of cassettes or bags prepared</li> </ul>



# Coverage Guidelines

## Medical Supplies

	<u>Documentation requirements:</u> <ul style="list-style-type: none"> <li>- Diagnosis requiring intravenous infusion, drug name and dose being administered, venous access device, type of pump, and length of treatment</li> <li>- Number of bags or cassettes prepared per 30-day period.</li> </ul>
A4223	<b>#Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)</b> <ul style="list-style-type: none"> <li>- Includes gravity flow tubing with a standard roller clamp or flow rate regulator device and other administration supplies (extension sets, end caps, needleless adapters).</li> </ul> <u>Documentation requirements:</u> <ul style="list-style-type: none"> <li>- Diagnosis requiring intravenous infusion, drug name and dose being administered, venous access device, and length of treatment</li> </ul>
A4224	<b>#Supplies for maintenance of insulin infusion catheter, per week</b> (Providers would access DVS once every 30 days for up to 4 units total per month, 1 unit=1 week)
A4305	<b>Disposable drug delivery system, flow rate of 50ml or greater per hour (Pharmacy only)</b>
A4306	<b>Disposable drug delivery system, flow rate of less than 50 ml per hour (Pharmacy only)</b>
A4649	<b>Surgical supply; miscellaneous</b>
A4660 <sup>F5</sup>	<b>Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type</b>
A4670 <sup>F3</sup>	<b>Automatic blood pressure monitor</b> Coverage Criteria: <ul style="list-style-type: none"> <li>- The monitor must be ordered by a qualified practitioner as part of a comprehensive treatment plan that requires member monitoring and recording of blood pressure readings in the home.</li> <li>- Replacement due to other factors not covered by the manufacturer's warranty requires prior approval. Documentation of use and compliance to the physician treatment plan for monitoring blood pressure in the home must be submitted with the request</li> </ul>
E0710	<b>Restraints, any type (body, chest, wrist, or ankle), each</b>
K0552	<b>#Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each (Pharmacy only)</b>
T5999	<b>Supply, not otherwise specified</b> (Limited to the following): Plastic Strips Basal Thermometer Sterile 6" wood applicator w/cotton tips (50's up to 5) Incentive spirometer Nasal Aspirator (100's Up to 1)

## 4.2 Enteral Therapy

Items located in Sections 4.1, 4.2, 4.3, and 5.0 are included in the NYRx transition. After April 1, 2023, claims for MMC members for items in these sections will be reimbursed through NYRx or DMEPOS FFS providers and billed directly to Medicaid. All prior approval/authorization systems or procedures are in effect as for current FFS members.

# Coverage Guidelines

## Medical Supplies



Department  
of Health

### Enteral Formulae and Enteral Supplies

B4034	#Enteral feeding supply kit; syringe fed, per day
B4035	#Enteral feeding supply kit; pump fed, per day
B4036	<p>#Enteral feeding supply kit; gravity fed, per day</p> <ul style="list-style-type: none"> <li>- Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding and maintain the feeding site. Items included in the supply kit codes are not limited to pre-packaged kits bundled by manufacturers or distributors. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, feeding bags/container, administration set tubing, extension tubing, and tube cleaning brushes.</li> <li>- Supply kits being dispensed and billed must correspond to the mode of administration</li> </ul>
B4081	#Nasogastric tubing with stylet
B4082	#Nasogastric tubing without stylet
B4083	#Stomach tube-Levine type
B4087	#Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088 <sup>F13</sup>	<p>#Gastrostomy/jejunostomy tube, low-profile, any material, any type, each</p> <p>For members who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated</p>
B4100	#Food thickener, administered orally, per ounce
B4105	<p>In-line cartridge containing digestive enzyme(s) for enteral feeding, each</p> <p>The member must have a diagnosis of exocrine pancreatic insufficiency and gastrostomy/jejunostomy tube feedings with compatible enteral formulas</p>
B4149	*Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	*Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	*Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	*Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	*Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit

# Coverage Guidelines

## Medical Supplies



Department  
of Health

B4157	*Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	*Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	*Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	*Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit*Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	*Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit
B4162	*Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
<u>B9998</u>	Not otherwise classified enteral supplies
S8265	#Haberman feeder for cleft lip/palate

### Enteral Nutritional Formula

Benefit Coverage Criteria is Limited to:

- Members who are **fed via** nasogastric, gastrostomy or jejunostomy **tube**.
- Members with **inborn metabolic disorders**.
- **Children up to 21 years of age**, who require liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.
- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and who**:
  - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; **or**
  - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6-month period, up to 1,000 calories per day; **or** require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated

# Coverage Guidelines

## Medical Supplies



### Documentation Requirements:

- The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized practitioner. It is the responsibility of the practitioner to maintain documentation in the member's record regarding the medical necessity for enteral nutritional formula.
- The physician or other appropriate health care practitioner has documented the member's nutritional depletion.
- Medical necessity for enteral nutritional formula must be substantiated by documented physical findings and/or laboratory data (e.g., changes in skin or bones, significant loss of lean body mass, abnormal serum/urine albumin, protein, iron or calcium levels, or physiological disorders resulting from surgery, etc.)
- Documentation for members who qualify for enteral formula benefit must include an established diagnostic condition and the pathological process causing malnutrition and one or more of the following items:
  - a. Clinical findings related to the malnutrition such as a recent involuntary weight loss or a child with no weight or height increase for six months.
  - b. Laboratory evidence of low serum proteins (i.e., serum albumin less than 3 gms/dl; anemia or leukopenia less than 1200/cmm);
  - c. Failure to increase body weight with usual solid or oral liquid food intake

### Additional Information:

- Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.
- The calculation for pricing enteral formula is as follows: Number of calories per can divided by 100 equals the number of caloric units per can.
- The Enteral Web Portal and Interactive Voice response (IVR) System are two parts of the enteral product prior authorization system. Payment for those items listed in the procedure code manual marked with an asterisk (\*) is dependent upon prior authorization through the automated system. The ordering practitioner must access the portal at <https://medicaidenteralportal.health.ny.gov/> or [www.emedny.org](http://www.emedny.org) home screen or alternatively, use the telephonic IVR system (1-866-211-1736) for the prior authorization number. The fiscal order, including the authorization number, is sent to the dispensing provider. The dispensing provider uses the portal or IVR to verify the information and submit the correct billing code. Requests that do not meet the defined benefit in 18NYCRR 505.5 (g) may be submitted through the prior approval process for consideration. The New York State Medicaid Program does not cover enteral nutritional therapy as a convenient food substitute.
- Standard milk-based infant formulas are not reimbursable by Medicaid.

# Coverage Guidelines

## Medical Supplies



Department  
of Health

Related Links:

### Enteral Products Quick Reference Guide

[https://newyork.fhsc.com/downloads/providers/NYRx\\_EO\\_notification\\_20231122.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_EO_notification_20231122.pdf)

The NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at:

<https://www.emedny.org/ProviderManuals/communications/Dispenser%20Worksheet.pdf>

The NYS Medicaid Program Enteral Formula Prior Authorization Physician Worksheet is available at:

[https://www.emedny.org/ProviderManuals/communications/Prescriber\\_Worksheet\\_Instructions.pdf](https://www.emedny.org/ProviderManuals/communications/Prescriber_Worksheet_Instructions.pdf)

The current enteral product classification list is available at:

[https://www.emedny.org/ProviderManuals/DME/PDFS/Enteral\\_Product\\_Classification\\_List\\_2024.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/Enteral_Product_Classification_List_2024.pdf)

### Parenteral Formulae and Parenteral Supplies (Pharmacy Only)

B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) -home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) -home mix
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) -home mix
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) -home mix
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185	Parenteral nutrition solution, per 10 grams lipids
B4187	Omegaven, 10g lipids
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein, premix
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein, premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein -premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein -premix
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day
B4220 <sup>F27</sup>	Parenteral nutrition supply kit, premix, per day (Includes all daily supplies required for the administration of parenteral nutrition.)
B4222 <sup>F27</sup>	Parenteral nutrition supply kit, home mix, per day (Includes all daily supplies required for the administration of parenteral nutrition.)
B4224 <sup>F27</sup>	Parenteral nutrition administration kit, per day (Includes all daily supplies required for the administration of parenteral nutrition.)
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – (Amirosyn RF, NephroAmine, RenAmine) – premix
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic – (FreAmine HBC, HepatAmine) – premix

# Coverage Guidelines

## Medical Supplies

B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress – (branch chain amino acids) – premix
B9999	Not otherwise classified parenteral supplies

### 4.3 Hearing Aid Battery

Items located in Sections 4.1, 4.2, 4.3 and 5.0 are included in the NYRx transition. After April 1, 2023, claims for MMC members for items in these sections will be reimbursed through NYRx or DMEPOS FFS providers and billed directly to Medicaid. All prior approval/authorization systems or procedures are in effect as for current FFS members.

**Note:** To be evaluated for pricing by the Medicaid program on a periodic basis at retail less 20 percent. When billing for batteries on the claim form the "Quantity Dispensed" field refers to the individual number of batteries dispensed not number of packages dispensed.

V5266 <sup>F9</sup>	Battery for use in hearing device (any type) (up to a 60-day supply may be dispensed on one date of service), each
L8621 <sup>F8</sup>	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each

### 4.4, 4.5, 4.6, 4.7 DME, Orthotics, Prescription Footwear, Prosthetics

Please see separate DME, Prosthetics, Orthotics Procedure Code manual:  
[https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Procedure\\_Codes.pdf](https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf)

### 5.0 Pharmacists as Immunizers

The administration of select vaccines by qualified pharmacists employed by, or under contract with, Medicaid enrolled pharmacies is reimbursable under NYS Medicaid. Administration of vaccines is conducted pursuant to NYS Education Law and regulations (8NYCRR63.9) which permits licensed pharmacists who obtain additional certification to administer vaccinations.

Reimbursement is based on a patient specific or non-patient specific order where available. These orders must be kept on file at the pharmacy. The ordering provider's NPI is required on the claim for the claim to be paid.

Pharmacies must bill the administration and cost of the vaccine using the following procedure codes. NDCs are not to be used to bill the vaccine product. Reimbursement for the product is made at no more than the actual acquisition cost to the pharmacy. No dispensing fee or enrollee copayment applies. Pharmacies must bill with a quantity of "1" and a day supply of "1".

See the vaccine and administration codes on the Pharmacists as Immunizers Fact Sheet for current codes found here:  
[https://www.health.ny.gov/health\\_care/medicaid/program/phar\\_immun\\_fact.htm](https://www.health.ny.gov/health_care/medicaid/program/phar_immun_fact.htm)