

Attention: Crosswalks Developed for Alaska State Unique Codes

To meet standardized format deadlines in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Social Services (DHSS) is ending all state unique codes. Some state unique codes will be ending without a code to replace it while others will have replacement codes identified.

There are two crosswalks/reports attached to this letter. One crosswalk/report identifies the Alaska state unique procedure codes that Alaska Medicaid will no longer cover and their corresponding end date. The second crosswalk/report identifies the Alaska state unique codes that have a corresponding replacement code. Some of these Alaska state unique codes were replaced with non-specific codes (A9999, B9999, and B9998) so an itemization will be required when billing the replacement code. In some cases, there were unit increment changes. For example, the Alaska unique procedure code 4253A for 100 blood glucose test strips was replaced with the HCPC code A4253 which is for 50 strips. In these cases, pay special attention to the quantity being billed when you begin using the replacement codes. In addition, if the state unique procedure code required prior authorization then the replacement code will also require one. **Please review the crosswalks/reports carefully since some services have ended completely, some unit increments have changed, and some codes now require an itemization.**

Important: The new codes are effective on or after May 1, 2004 dates of service. Please review the attached crosswalks/reports to identify the new codes. Alaska state unique codes will be covered on or before April 30, 2004 dates of service.

If you have any questions, please contact First Health Services Corporation at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #82 (Provider Inquiry).

DME State Unique Codes Ending

<i>Code</i>	<i>Description</i>	<i>Maximum Allowable</i>	<i>End Dates</i>
0002E	UTERINE MONITORING DEVICE		End effective 4/30/04
0004E	PNEUMOCARDIOGRAM:RECORDING & REPORT	\$160.00	End effective 4/30/04
0005E	PNEUMOCARDIOGRAM:RECORDING ONLY	\$65.00	End effective 4/30/04
0006E	PNEUMOCARDIOGRAM:SCREENING & REPORT ONLY	\$95.00	End effective 4/30/04
0044E	PNEUMOCARDIOGRAM: 4 CHANNEL RECORDING REPORT	\$650.00	End effective 4/30/04
0055E	PNEUMOCARDIOGRAM: 4 CHANNEL RECORDING ONLY	\$550.00	End effective 4/30/04
0584E	NEBULIZER, PULMONAIDE TRAVELER BATTERY, LARGE RECHARGEABLE	\$66.67	End effective 4/30/04
1592E	OXIMETRY PROBES PER CASE	\$90.00	End effective 4/30/04, Use A4606
4241S	DEBRISAN, 10 GM	\$1.16	End effective 4/30/04, Use NDC
4242S	DEBRISAN, 60 GM	\$0.08	End effective 4/30/04, Use NDC
4243S	DEBRISAN, 56 GM	\$1.24	End effective 4/30/04, Use NDC
4257A	GLUCOSE FOR INSULIN REACTION 1 UNIT = 31GM	\$3.43	End effective 4/30/04
4645E	CASTER FOR FOLDING WALKING AID	\$75.00	End effective 4/30/04
4683E	H OR K CYLINDER RENTAL	\$42.00	End effective 03/31/04
4684E	E CYLINDER RENTAL	\$20.00	End effective 03/31/04
4763S	TAPE MEDICAL ALL TYPES ROLL		End effective 4/30/04
4764S	RINGS RUBBER/FOAM 1 RING	\$12.38	End effective 4/30/04
4785S	OSTOMY SUPPLIES 3 MO SUPPLY		End effective 4/30/04
4789S	GLASS CARTRIDGE FOR INSULIN PUMP DISETRONIC	\$4.50	End effective 4/30/04
4790S	URINARY DRAINAGE/IRRIGATION SUPPLIES 3MO		End effective 4/30/04
9022S	DISPOSABLE IV INFUSION SYSTEM FOR ANTIBIOTICS, PER DAY	\$20.00	Ended 01/31/04
9023S	DISPOSABLE IV INFUSION SYSTEM FOR CHEMOTHERAPY, PER DAY	\$20.00	Ended 01/31/04

DME Direct Crosswalk

<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
0008E	PRONE OR SUPINE STANDER	\$1,000.00	E0638	Standing frame system, any size, with or without wheels	\$1,000.00
0012E	RESPIRATORY THERAPY VISIT-VENT/DEPENDENT PT	\$100.00	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	\$25.00
0014E	RESPIRATORY THERAPY VISIT-OXYGEN THERAPY PT	\$75.00	G0238	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)	\$25.00
0022E	TERBUTALINE INFUSION PUMP THERAPY RENTAL ONLY PER DAY	\$120.00	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery, with administrative equipment, worn by patient	\$20.00
0166E	SHOWER/COMMODE CHAIR-MOBILE-DETACHED OR FIXED ARMS	\$270.00	E0164	# Commode chair, mobile, with fixed arms	\$270.00
			E0166	Commode chair, mobile, with detachable arms	\$270.00
0378E	INTERMITTENT ASSIST DEVICE W BIPHASIC + AIR PRESSURE	\$2,200.00	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	\$2,200.00
			E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	\$2,200.00
0401E	RESUSCITATOR BAG, NONDISPOSIBLE, ADULT/PEDIATRIC	\$125.00	S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	\$125.00
0553S	PASSY-MUIR VALVE AND TUBE	\$80.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0554S	ARTIFICIAL NOSE AND SUPPLIES (TIES, ADAPTER, ETC.)	\$4.50	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0555S	HEATED AEROSOL SYSTEM SUPPLIES (BOTTLE, CHAMBER, ADAPTER, TUBING) REUSAB	\$22.00	E1372	Immersion external heater for nebulizer	\$22.00
0556S	VALVES FOR COMPRESSOR		A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00

* *Unit increment change, review billed units for accuracy*

Max age 21

+ *Itemization required*

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Old codes end effective 4/30/04 dates of service.

New codes are effective beginning on or after 5/1/04 dates of service.

<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
0565E	COMPRESSOR, LOW PRESSURE	\$150.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0566E	COMPRESSOR, HIGH PRESSURE	\$400.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0570E	PULMOAIDE TRAVELER	\$398.00	E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	\$398.00
0580E	NEBULIZER T-PIECE, REUSABLE	\$19.25	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0581E	NEBULIZER, MICRO-MIST DISPOSABLE	\$2.92	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0582E	NEBULIZER, PULMO-NEB DISPOSABLE	\$200.00	E0570	Nebulizer, with compressor	\$200.00
0583E	NEBULIZER, REPLACEMENT AIR INLET FILTERS; DV561OD & DV661OD	\$0.12	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0585E	NEBULIZER SUPPLIES (ITEMIZE)		A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0586E	NEBULIZER VALVE, CLEAR PLASTIC FINGER, FOR PULMONEB & MICROMIST	\$2.01	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0587E	NEBULIZER FILTERS, REPLACEMENT AIR INLET FOR DV5650D & DV46650D	\$1.33	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0588E	NEBULIZER MASK PEDIATRIC AEROSOL-DEVILBISS & OTHERS	\$8.60	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0592E	OXIMETRY PROBE EACH	\$45.00	A4606	Oxygen probe for use with oximeter device, replacement	\$45.00
0600E	SUCTION MACHINE, STATIONARY	\$220.00	E0600	Respiratory suction pump, home model, portable or stationary, electric	\$220.00
0601E	CPAP PRESSURE VALVE PURCHASE	\$37.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
0602E	CPAP MASK	\$58.00	A7030	Full face mask used with positive airway pressure device, each	\$58.00
			A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$58.00
0603E	CPAP TUBING/ REBREATHING VALVE	\$28.00	A7037	Tubing used with positive airway pressure device	\$28.00
0720S	PERIPHERAL CENTRAL CATHETER	\$65.00	A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	\$75.00
			A4301	Implantable access total system; catheter, port/reservoir (e.g., venous, arterial, epidural, or subarachnoid, etc.) percutaneous access	\$75.00

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0721S	IV CATHETER, PERIPHERAL	\$2.50	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0722S	IV-CANNULA, ANY	\$0.60	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0724S	IV-INJECTION SITE	\$0.95	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0726S	IV CATHETER INJECTION SITE	\$2.75	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0730S	EPIDURAL FILTER, ANY SIZE	\$3.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0766S	EMPTY VIALS, STERILE UP TO 30CC	\$1.25	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0778S	SPONGE, 2 X 2, WITH SLIT, FENESTRATED	\$0.25	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
0779S	SPONGE, 4 X 4, WITH SLIT; FENESTRATED	\$0.43	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
0785S	EXTENSION SET, 30"	\$5.27	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00

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0786S	IV BAG, 1 LITER	\$9.63	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0787S	IV BAG, 2 LITERS	\$24.50	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0788S	IV BAG, 3 LITERS	\$24.50	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0789S	IV START KIT, ANY	\$7.85	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0790E	PUMP, PORTABLE; IV AND TPN INFUSION; RENTAL ONLY; PER DAY		B9004	Parenteral nutrition infusion pump, portable	\$20.00
			E0781	Ambulatory infusion pump, single or multiple channels, electric or battery, with administrative equipment, worn by patient	\$20.00
0790S	CONTAINER, TPN MIXING	\$9.53	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0791S	PARENTAL INFUSION SUPPLIES, NOC	\$0.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0792S	TPN ADMINISTRATION SET, .2 MICRON FILTER	\$33.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00

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0793S	TPN ADMINISTRATION SET, 1.2 MICRON FILTER	\$33.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0794S	TPN Y SET	\$15.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0795S	REMOTE RESERVOIR ADAPTER 30" TUBING	\$22.75	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0796S	REMOTE RESERVOIR ADAPTER 60" TUBING	\$31.50	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0797S	RC 575 TUBING, PER PACKAGE	\$3.75	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
0798S	CASSETTE (CADD), 50 ML	\$21.50	A4222	Supplies for external drug infusion pump, per cassette or bag (list drug separately)	\$31.00
0799S	CASSETTE (CADD), 100 ML	\$31.00	A4222	Supplies for external drug infusion pump, per cassette or bag (list drug separately)	\$31.00
1001E	PEDIATRIC TRANSPORT/POSITIONING CHAIR	\$1,100.00	E1037	# Transport chair, pediatric size	\$1,100.00
			E1038	# Transport chair, adult size	\$1,100.00
4084B	EXTENSION FOR SKIN LEVEL GASTROSTOMY, ANY SIZE, EACH	\$11.42	B9998	+ Noc for enteral supplies	\$0.00
4086B	BOLUS FEEDING SET, TUBE ETC, EA SET 1 UNIT = EA	\$11.93	B9998	+ Noc for enteral supplies	\$0.00
4087B	GASTROSTOMY EXTENSION SET, MIC-KEY, 6-12"	\$3.83	B9998	+ Noc for enteral supplies	\$3.83
4089B	SYRINGE, 60 CC CATH RIP OR LUER LOK	\$1.73	A4213	Syringe, sterile, 20 cc or greater, each	\$0.70

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4090B	BAGS, TOPFILL, ANY SIZE WITH OR WITHOUT SET	\$7.00	B9998	+ Noc for enteral supplies	\$0.00
4095B	ENTERAL DECOMPRESSION TUBE EA	\$17.50	B9998	+ Noc for enteral supplies	\$0.00
4096B	ENTERAL Y PORT CONNECTOR EA	\$8.00	B9998	+ Noc for enteral supplies	\$0.00
4170A	BATTERY, ALKALINE, 9-VOLT, FOR PORTABLE RESPIRATOR	\$1.90	L7367	Lithium ion battery, replacement	\$1.90
4170V	BATTERY ALKALINE 9 VOLT, FOR PORTABLE RESPERATOR, EACH	\$1.90	L7367	Lithium ion battery, replacement	\$1.90
4172A	BATTERY, ALKALINE, 9 VOLT FOR PATIENT OWNED IV PUMP	\$1.50	A4632	Replacement battery for external infusion pump, any type, each	\$1.90
4201S	GAUZE, 2X2, STERILE	\$0.08	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
4202S	GAUZE, 4X4, STERILE	\$0.23	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
4203A	SYRINGE 5CC WITHOUT NEEDLE, ANY TIP	\$0.23	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4203S	PETROLATUM DRESSING, 3X3	\$0.79	A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$0.79
4204A	PICC DRESSING CHANGE KIT	\$8.29	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
4204S	PETROLATUM DRESSING, 3X8	\$1.90	A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing	\$2.74
4205A	SYRINGE 3CC W/O NEEDLE, ANY TIP	\$0.13	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4205S	PETROLATUM DRESSING, 3X16	\$2.74	A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing	\$2.74
4206S	GAUZE, IMPREGNATED, WATER OF SALINE, W/O BORDER, UP TO 4X4	\$3.20	A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	\$3.20

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4207S	IV DRESSING, 2-3/8X2-3/4	\$1.33	A6257	Transparent film ,16 sq. in. or less, each dressing	\$1.33
4208A	SYRINGE W NEEDLE, 5CC, EA	\$0.55	A4209	Syringe with needle, sterile 5 cc or greater, each	\$0.35
4208S	IV DRESSING 4X4-3/4	\$3.25	A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	\$3.25
4209A	SYRINGE W NEEDLE, 10CC, EA	\$0.55	A4209	Syringe with needle, sterile 5 cc or greater, each	\$0.35
4209S	IV DRESSING, 6X8	\$8.28	A6259	Transparent film, more than 48 sq. in., each dressing	\$8.28
4210A	SYRINGE 10CC WITHOUT NEEDLE, ANY TIP	\$0.26	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4210S	GAUZE, SPONGE, 2X2	\$0.09	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
4211S	GAUZE, SPONGE, 3 X 3	\$0.05	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
4212S	GAUZE, SPONGE, 4 X 4	\$0.22	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.09
4213S	CHLORHEXIDINE DRESSING	\$7.97	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4214S	APPLICATORS-COTTON TIPPED, 6", NON-STERILE	\$0.02	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4215S	APPLICATORS-COTTON TIPPED STICK, 2" (EG: Q-TIP)	\$0.02	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4216A	INSULIN DELIVERY SYSTEM NEEDLES	\$0.28	A4215	Needles only, sterile, any size, each	\$0.28
4216S	APPLICATORS, STERILE, 6"	\$0.05	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4217A	INSULIN DELIVERY SYSTEM EG. NOVOPEN	\$49.00	A4211	+ Supplies for self-administered injections	\$49.00
4218A	INSULIN INJECTOR KIT, NEEDLE FREE EG MEDIJECTOR	\$31.95	A4210	Needle-free injection device, each	\$31.95
4244S	WOUND GEL FILLER (EG: DUODERM)	\$0.17	A6261	* Wound filler, gel/paste, per fluid ounce, not elsewhere classified	\$4.95
4245S	HYDROCOLLOID DRESSING UP TO 2-3/4X3-1/2	\$6.99	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$9.00
4246S	HYDROCOLLOID DRESSING UP TO 4X4	\$9.66	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$9.00

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4247A	POVIDONE, SOLUTION ONLY, 1 PINT	\$5.25	A4246	Betadine or phiso hex solution, per pint	\$5.25
4247S	HYDROCOLLOID DRESSING UP TO 6X8	\$13.00	A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$13.00
4248S	HYDROGEL WOUND CARE (EG: BIOLEX) PER GM	\$0.60	A6248	* Hydrogel dressing, wound filler .gel, per fluid ounce	\$18.00
4253A	BLOOD GLUCOSE TEST STRIPS, 100'S	\$0.93	A4253	* Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	\$46.50
4254A	SHARPS CONTAINER, UP TO 1 GALLON	\$5.03	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4259A	LANCETS, 200'S	\$0.09	A4259	* Lancets, per box of 100	\$9.00
4320A	EXTENSION TUBING STERILE	\$4.80	B9999	+ Noc for parenteral supplies	\$0.00
4321A	EXTENSION TUBING NON STERILE	\$4.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4322A	URI-DRAIN EXTENSION CONNECTOR	\$2.33	A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for extension drainage tubing	\$2.33
4323A	QUICK DRAIN VALVE-OUTLET VALVE	\$21.08	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4324A	RED INLET VALVE	\$3.92	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4325A	STRAIGHT-THROUGH ADAPTOR WITH CLAMP-MANUAL CLAMP	\$4.82	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4326A	URI-DRAIN WITH FOAM ADHESIVE STRAP	\$1.75	A5112	Urinary leg bag; latex	\$1.75
4327A	URINARY LEG BAG DRAIN TUBE-EXTENSION TO NIGHT BAG	\$4.82	A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	\$4.82
			A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$4.82
4328A	IRRIGATION, STERILE SALINE SOLUTION, 1 UNIT = 500ML	\$1.78	A4217	Sterile water/saline, 500 ml	\$1.78
4341A	BED PAD, REUSABLE WITH TUCK IN FLAPS	\$29.00	A4537	Under pad, reusable/washable, any size, each	\$26.50
4342A	BED PAD, REUSABLE	\$24.00	A4537	Under pad, reusable/washable, any size, each	\$26.50
4450A	FOAM TAPE, 1", 1 X 10 YD	\$3.77	A4450	* Tape, non-waterproof, per 18 square inches	\$0.09
4451A	FOAM TAPE, 2", 1 X 10 YD	\$7.55	A4450	* Tape, non-waterproof, per 18 square inches	\$0.09
4452A	FOAM TAPE, 3", 1 X 10 YD	\$11.33	A4450	* Tape, non-waterproof, per 18 square inches	\$0.09

* *Unit increment change, review billed units for accuracy*
Max age 21
+ *Itemization required*
Tuesday, March 30, 2004

Old codes end effective 4/30/04 dates of service. New codes are effective beginning on or after 5/1/04 dates of service.

<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4453A	FOAM TAPE, 4", 1 X 10 YD	\$15.10	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4454A	PAPER TAPE, 1/2", 1 X 10 YD	\$0.71	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4455A	PAPER TAPE, 1", 1 X 10 YD	\$1.42	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4456A	PAPER TAPE, 2", 1 X 10 YD	\$2.85	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4457A	PAPER TAPE, 3", 1 X 10 YD	\$4.28	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4458A	WATERPROOF TAPE, 1/2", 1 X 10 YD	\$1.18	A4452 *	Tape, waterproof, per 18 square inches	\$0.36
4459A	WATERPROOF TAPE, 1", 1 X 10 YD	\$2.53	A4452 *	Tape, waterproof, per 18 square inches	\$0.36
4460A	WATERPROOF TAPE, 2", 1 X 10 YD	\$4.78	A4452 *	Tape, waterproof, per 18 square inches	\$0.36
4460S	RUBBER ELASTIC BANDAGE, 3"	\$3.03	A6449 *	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.75
4461A	WATERPROOF TAPE, 3", 1 X 10 YD	\$7.18	A4452 *	Tape, waterproof, per 18 square inches	\$0.36
4461S	RUBBER ELASTIC BANDAGE, 4"	\$4.13	A6449 *	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.75
4462A	HYPO ALLERGENIC CLOTH TAPE, 1/2", 1 X 10 YD	\$0.82	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4462S	RUBBER ELASTIC BANDAGE, 6"	\$5.62	A6450 *	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$3.25
4463A	HYPO ALLERGENIC CLOTH TAPE, 1", 1 X 10 YD	\$1.63	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4464A	HYPO ALLERGENIC CLOTH TAPE, 2", 1 X 10 YD	\$3.27	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4465A	HYPO ALLERGENIC CLOTH TAPE, 3", 1 X 10 YD	\$4.90	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4466A	HYPO ALLERGENIC KNITTED TAPE, 1 X 5 YDS	\$2.05	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4467A	HYPO ALLERGENIC KNITTED TAPE, 2 X 5 YDS	\$3.80	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4468A	POROUS TAPE, FOR POSITIONING AND SUPPORT, 1", 1 X 10 YD	\$1.37	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4469A	POROUS TAPE, FOR POSITIONING AND SUPPORT, 1.5", 1 X 10 YD	\$2.05	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09

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<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4470A	POUROUS TAPE, FOR POSITIONING AND SUPPORT, 2", 1 X 10 YD	\$2.73	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4471A	POROUS TAPE, FOR POSITIONING AND SUPPORT, 3", 1 X 10 YD	\$4.10	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4472A	MULTI-PURPOSE DRESSING TAPE, HYPO-ALLEGENIC, 3", 1 X 10 YD	\$5.32	A4450 *	Tape, non-waterproof, per 18 square inches	\$0.09
4473A	WOVEN COMPRESSION TAPE, 1"	\$3.03	A6448 *	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$1.16
4474A	WOVEN COMPRESSION TAPE, 2"	\$5.58	A6448 *	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$1.16
4475A	WOVEN COMPRESSION TAPE, 3"	\$8.35	A6449 *	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.75
4476A	WOVEN COMPRESSION TAPE, 4"	\$10.98	A6449 *	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.75
4477A	ELASTIC TAPE, WITH ADHESIVE, 2" X 5 YD	\$4.58	A6453 *	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	\$0.61
4478A	ELASTIC TAPE, WITH ADHESIVE, 3" X 5 YD	\$7.48	A6454 *	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	\$0.77
4490A	STOCKING ANTI-EMBOLISM, KNEE LENGTH CLOSED TOE EA JOBST ANTI/EM	\$15.42	L8100	Elastic support, elastic stocking, below knee, medium weight, each	\$15.42
			L8110	Elastic support, elastic stocking, below knee, heavy weight, each	\$15.42
			L8120	Elastic support, elastic stocking, below knee, surgical weight (linton type or equal), each	\$15.42
4495A	STOCKING, ANTI-EMBOLISM THIGH LENGTH, CLOSED TOE, EA JOBST ANTI/EM	\$15.90	L8130	Elastic support, elastic stocking, above knee, medium weight, each	\$15.90
			L8140	Elastic support, elastic stocking, above knee, heavy weight, each	\$15.90
			L8150	Elastic support, elastic stocking, above knee, surgical weight, (linton type or equal), each	\$15.90
4500A	STOCKING, ANTI-EMBOLISM KNEE LENGTH OPEN TOE EA EA JOBST ANTI/EM	\$10.67	L8100	Elastic support, elastic stocking, below knee, medium weight, each	\$15.42

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<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4500A	STOCKING, ANTI-EMBOLISM KNEE LENGTH OPEN TOE EA EA JOBST ANTI/EM		L8110	Elastic support, elastic stocking, below knee, heavy weight, each	\$15.42
			L8120	Elastic support, elastic stocking, below knee, surgical weight (linton type or equal), each	\$15.42
4571A	KNEE BRACE, HINGED	\$80.00	L1810	Knee orthosis, elastic with joints, prefabricated, includes fitting and adjustment	\$80.00
4609A	DISINFECTANT, GERMICIDE PER OZ	\$0.85	A9999	✚ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4609E	BATH TRANSFER BENCH	\$115.00	E0245	Tub stool or bench	\$115.00
4614A	BATTERY, BLOOD GLUCOSE MONITOR, EACH	\$5.50	A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient	\$5.50
4617E	UTILITY BATH SEAT W/BACK	\$63.00	E0240	Bath/shower chair, with or without wheels, any size	\$63.00
4618A	FLUTTER DEVICE	\$55.00	S8185	Flutter device	\$55.00
4620S	CANISTER, SUCTION, 1000 CC OR LESS, DISPOSABLE	\$3.63	A7000	Canister, disposable, used with suction pump, each	\$3.63
4621S	CANISTER, SUCTION, 1000 CC OR LESS, GLASS	\$14.96	A7001	Canister, non-disposable, used with suction pump, each	\$3.63
4622S	CANISTER, SUCTION, 1200 CC, DISPOSABLE	\$8.43	A7000	Canister, disposable, used with suction pump, each	\$3.63
4623S	CANISTER, SUCTION, 1500 CC, DISPOSABLE	\$5.63	A7000	Canister, disposable, used with suction pump, each	\$3.63
4624S	SUCTION TIP (YANKAUER) EACH	\$2.50	A4609	* Tracheal suction catheter, closed system, for less than 72 hours of use, each	\$2.50
			A4610	* Tracheal suction catheter, closed system, for 72 or more hours of use, each	\$2.50
4625S	TRACHEOSTOMY NECK BAND	\$4.12	A7526	Tracheostomy tube collar/holder, each	\$4.12
4626S	TRACHEOSTOMY STRAPS & COLLARS, RUBBER	\$3.42	A7526	Tracheostomy tube collar/holder, each	\$4.12
4627A	REPLACEMENT BAG FOR USE WITH METERED DOSE INHALER	\$3.00	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	\$3.00
4627S	TRACHEOSTOMY TUBING, FLEXIBLE	\$24.40	S8189	✚ Tracheostomy supply, not otherwise classified	\$0.00
4628S	TRACHEOSTOMY ELBOW W SUCTION PORT FOR VENTILATOR-WITH & WITHOUT CAP	\$1.33	S8189	✚ Tracheostomy supply, not otherwise classified	\$0.00
4629S	TRACHEOSTOMY SWIVEL, ADAPTER FOR ANESTHESIA	\$4.58	S8189	✚ Tracheostomy supply, not otherwise classified	\$0.00

* *Unit increment change, review billed units for accuracy*

Max age 21

+ *Itemization required*

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*Old codes end effective
4/30/04 dates of service.*

*New codes are effective
beginning on or after
5/1/04 dates of service.*

<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4630S	TRACHEOSTOMY TUBING, SUCTION, 6-10', ALL BRANDS	\$0.58	S8189	✚ Tracheostomy supply, not otherwise classified	\$0.00
4632S	SUCTION TIP W ATTACHED TUBING	\$3.29	A4624	Tracheal suction catheter, any type, each	\$3.29
4644S	SUCTION CATHETER W/KIT (GLOVES, STERILE WRAP, SUCTION CATHETER AND/OR TI	\$2.50	A4609	* Tracheal suction catheter, closed system, for less than 72 hours of use, each	\$2.50
			A4610	* Tracheal suction catheter, closed system, for 72 or more hours of use, each	\$2.50
4645S	VENTILATOR REPLACEMENT PARTS FOR REPAIR (SPECIFY)		A9999	✚ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4652E	STANDARD WHEELCHAIR, ADULT PT NOT TOTALLY CONFINED	\$390.00	E1130	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests	\$390.00
4653E	LEGRESTS PAIR DETACH/SWING/ELEVATING	\$129.67	E0990	* Wheelchair accessory, elevating leg rest, complete assembly, each	\$64.84
4654S	VENTILATOR SUPPLIES (TUBING, CONDENSER, FILTERS, CIRCUITS) DISPOSABLE		A9999	✚ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4662E	DESK/FULL LTH ARMS 17 NECES FOR TRANSFER	\$100.00	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly,	\$100.00
4664S	TRACHEOSTOMY SUPPLIES (TIES, TUBING, ADAPTER, ETC.)	\$3.00	S8189	✚ Tracheostomy supply, not otherwise classified	\$0.00
4679E	TENS REPLACEMENT SUPPLIES		A4595	✚ Tens supplies, 2 lead, per month	
4693E	MASK OR NASAL CANNULA	\$8.00	A4615	Cannula, nasal	\$8.00
			A4620	Variable concentration mask	\$8.00
4694E	RESPIRATOR/IPPB W ACESS INCLD SET UP	\$900.00	E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	\$900.00
4712A	IRRIGATION, STERILE WATER, 1 UNIT = 1000ML	\$1.92	A4217	* Sterile water/saline, 500 ml	\$1.78
4741E	D.M.E. REPAIR PARTS		A9999	✚ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4742E	D.M.E. REPAIR LABOR		E1340	✚ Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	
4751E	FREIGHT/POSTAGE/TELEPH ONE CHARGES		A9901	✚ Dme delivery, set up, and/or dispensing service component of another hcpcs code	

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Tuesday, March 30, 2004

Old codes end effective 4/30/04 dates of service. New codes are effective beginning on or after 5/1/04 dates of service.

<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4752E	FREIGHT/POSTAGE, LESS THAN \$15.00		A9901	+ Dme delivery, set up, and/or dispensing service component of another hcpcs code	
4753S	ALCOHOL SWABS/WIPES, EACH	\$0.03	A4245	* Alcohol wipes, per box	\$3.00
4754S	BREAST PUMP,ELECTRIC DAILY RENTAL	\$3.00	E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (ac and / or dc)	\$3.00
4756S	CUNNINGHAM CLAMP	\$52.28	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4757S	DOUCHE APPARATUS 1 UNIT	\$3.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4759S	MONTGOMERY STRAPS 1 SET	\$2.75	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4765S	GLOVES STERILE 1 UNIT=1 GLOVE	\$0.55	A4930	* Gloves, sterile, per pair	\$1.10
4766S	GLOVES NONSTERILE, 1 UNIT=1 GLOVE	\$0.14	A4927	* Gloves, non-sterile, for dialysis, per 100	\$10.00
4767S	COTTON BALLS/ROLLS/SWABS/STICK S/WIPES	\$0.02	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4768S	COTTON ROLLS	\$0.57	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4770S	BANDAGES MEDICATED, EG NUGAUZE W/ IODOFORM	\$8.45	A6266	Gauze, impregnated, other than water or normal saline, any width, per linear	\$8.45
4771S	BANDAGES NONMEDICATE	\$0.50	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4773S	GERMICIDE FOR OXYGEN SUPPORT SYSTEMS (PER PINT)	\$15.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4782S	HIBICLENS, 8OZ BOTTLE	\$8.57	A4248	* Chlorhexidine containing antiseptic, 1 ml	\$0.04
4788S	INFUSION SET 110CM FOR DISETRONIC INSULIN PUMP	\$23.00	A4230	Infusion set for external insulin pump, non needle cannula type	\$8.00
4792S	DIABETIC SUPPLY FOR INSULIN PUMP, TRANSPARENT DRESSING, EACH	\$0.50	A6257	Transparent film ,16 sq. in. or less, each dressing	\$0.50
4793E	INSULIN PUMP	\$4,495.00	E0784	External ambulatory infusion pump, insulin	\$4,495.00
4793S	DIABETIC SUPPLY,INSULIN PUMP INFUSION SET W/BENT NEEDLE,42",EACH	\$5.33	A4231	Infusion set for external insulin pump, needle type	\$5.33

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<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
4794S	DIABETIC SUPPLY,INSULIN PUMP NON-NEEDLE SUBCUTANEOUS INFUSION SET,42",EA	\$8.00	A4230	Infusion set for external insulin pump, non needle cannula type	\$8.00
4795S	NEEDLES HYPODERMIC, EACH		A4215	Needles only, sterile, any size, each	\$0.28
4796S	DIABETIC SUPPLIES; CLINITEST,ACETEST,TEST TAPE,DIASTIX,KETODIASTIX		A4250	* Urine test or reagent strips or tablets (100 tablets or strips)	\$11.00
4797S	DIABETIC SYRINGE (1 UNIT=1 SYRINGE)	\$0.28	A4206	Syringe with needle, sterile 1 cc, each	\$0.28
			S8490	* Insulin syringes (100 syringes, any size)	\$28.00
4798S	DIABETIC SUPPLY, INSULIN PUMP SYRINGE, 3.0 ML, EACH	\$3.14	A4232	Syringe with needle for external insulin pump, sterile, 3cc	\$3.14
4799S	UNLISTED MEDICAL SUPPLIES		A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
4800A	MED-PAK	\$6.00	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
5141S	DISPOSABLE WASHCLOTHS	\$0.12	A9999	+ Miscellaneous dme supply or accessory, not otherwise specified	\$0.00
5142S	CLEANSER WIPES, LOTION	\$0.08	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04
5143S	PROTECTANT, POWDER (EG CORNSTARCH-BASED POWDER)	\$0.01	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04
5144S	PROTECTANT, HYDROCOLLOID ALGINATE GEL POWDER (EG: COMFEEL)	\$2.24	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04
5145S	SKIN CLEANSER, LIQUID, FOAM, OR SPRAY	\$0.04	A4246	* Betadine or phiso hex solution, per pint	\$5.25
5146S	APPLIANCE CLEANSER, PER ML	\$0.05	A5131	* Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	\$24.00
5147S	PROTECTANT, MOISTURE BARRIER CREAM	\$0.05	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04
5148S	PROTECTANT, MOISTURE BARRIER LOTION	\$0.06	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04
5149S	PROTECTANT, MOISTURE BARRIER OINTMENT AND GEL	\$0.05	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$0.04

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<i>Old Code</i>	<i>Old Code Description</i>	<i>Old Price</i>	<i>New Code</i>	<i>New Code Description</i>	<i>New Price</i>
9026S	IV OR TPN ADMINISTRATION SET, ANY	\$14.00	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$15.00
M0592	NON-INVASIVE EAR OR PULSE OXIMETRY	\$2,100.00	E0445	Oximeter device for measuring blood oxygen levels non-invasively	\$2,100.00

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Tuesday, March 30, 2004

Old codes end effective 4/30/04 dates of service.

New codes are effective beginning on or after 5/1/04 dates of service.

Issue Date: Friday, 4/2/04

New Message

Provider Type: 76

REQUIREMENT FOR HCPCS CODES A9999, B9999, AND B9998

Beginning May 1, 2004, a claim for procedure codes A9999, B9999, and B9998 must be accompanied by an itemization. Also, please include the former state unique code with the itemization for pricing.

If you have questions, please call FHSC's Provider Inquiry Unit at 907-561-5650 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 4/16/04

New Message

Provider Types: 76

ALASKA UNIQUE STATE CODE 4088B REPLACED

The Alaska state unique procedure code 4088B (Mic-Key, Gastrostomy set, Any size, Each) will be covered through dates of service on or before 4/30/04. Begin billing on or after 5/1/04 with HCPC procedure code B9998. An itemization will be required when billing for the replacement HCPC code.

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 4/16/04

New Message

Provider Types: 38, 68, 71, 76

ALASKA UNIQUE STATE CODE 4631S ENDING

The Alaska state unique procedure code 4631S (Cane or Crutch, Ice Tip, Each) will no longer be covered by Alaska Medicaid effective after 4/30/04 dates of service. The last date of service that Alaska Medicaid will cover procedure code 4631S is 4/30/04.

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 5/7/04

New Message

Provider Types: 76

AMENDED DME DIRECT CROSSWALK

The DME Direct Crosswalk issued on March 30, 2004 is a guide for mapping state unique codes to listed HCPCS codes without ending coverage for items whenever possible.

Effective May 1, 2004, Please Bill Under The Code That You Determine matches an item best.

If A9999, B9999, or B9998 are the only available HCPCS codes for an item, you must identify the item in a claim attachment. You may send the former state unique code, if available, to describe the item. This will assist First Health Services Corporation with identifying the established price for the item.

Some of the items covered under state unique codes mapped to a HCPCS code that has a different unit measurement in the description causing a different reimbursement amount.

The table below shows amendments to the DME Direct Crosswalk

Code	Amendment
0012E and 0014E	99504
A4627	Reimbursement amount: \$0.00 Send description of the item(s)
4490A	A4500 Reimbursement amount: \$10.67
4088B	B4086 Reimbursement amount: \$135.70
A7034	Reimbursement amount: \$147.05

E0164	No age restriction
0582E	A7003, A7004, A7005, A7006, A7007, or A7008
0853E and 0587E	A0713 or A7014
0588E	A7015
A7037	Reimbursement amount: \$45.20
0778S and 0779S	A9999
B9998	No prior authorization required beginning 5/1/04
4089B	B9998
4201A and 4202S	A6402 Reimbursement amount: \$0.23
4203S	A6222 Reimbursement amount: \$0.79
4320A and 4321A	A4331 Reimbursement amount: \$3.07
A4450	Reimbursement amount: \$0.37
A7001	Reimbursement amount: \$19.00
A7000	Reimbursement amount: \$4.24
A4211	Reimbursement amount: \$0.00 Send description of the item(s)
E0600	Reimbursement amount: \$0.00 Send description of the item(s)

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 5/14/04

New Message

Provider Type(s): 76

REMINDER THAT STATE UNIQUE MODIFIER W2 ENDED APRIL 30, 2004

The DME purchase modifier W2 ended on April 30, 2004. For dates of service on or after May 1, 2004, DME HCPCS submitted without a modifier will be considered a purchase. FHSC will remove W2 modifiers from current approved prior authorizations for services beginning May 1, 2004 and notify you of the change in writing. "RR" is still required on all rental prior authorization requests and claims. Please bill using the HCPCS code modifier that you determine matches an item the best.

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 5/21/04

New Message

Provider Types: 76

UPDATE-MAXIMUM ALLOWABLES FOR A6258, A6259, E0247, and E1130

The maximum allowable for A6258 is \$4.35.
The maximum allowable for A6259 is \$11.04.
The maximum allowable for E0247 is \$100.00
The maximum allowable for E1130 is \$510.00.

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 5/28/04

New Message

Provider Types: 76

UPDATE-PROCEDURE CODE A4335 (MISCELLANEOUS INCONTINENCE SUPPLIES)

Beginning May 1, 2004, procedure code A4335 must be accompanied by an itemization that includes a description of the item. Also, you may include the former state unique code with the itemization for pricing.

If you have any questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 5/28/04

New Message

Provider Types: 46, 47, 48, 61, 62, 76

BILLING PROCEDURE CODES CHANGING JULY 1, 2004

New billing procedure code changes will become effective beginning with date of service July 1, 2004. Division of Senior and Disabilities Services has developed, and mailed to you, a table to assist you with the new procedure codes. A few notable areas of change are: 1) some new codes now require the addition of a modifier, and 2) some time increments have changed, therefore, pay close attention when calculating out the number of units you are billing.

Existing procedure codes should be used to bill for dates of service through June 30, 2004. Codes and units on existing prior authorizations are being modified by DSDS and prior authorizations for the new codes will be issued by DSDS. Please watch for these PAs.

If you have any questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 11/12/04

New Message

Provider Types: 76

REMINDER TO USE NATIONAL CODES AND MODIFIERS INCLUDING FOR TPL BILLING AND AVOIDANCE REQUESTS

This is a reminder to use the national codes and modifiers to bill for dates of service on or after 5/1/04. State unique codes and modifiers have been discontinued effective with 4/30/04 dates of service. The DME direct crosswalk issued on March 30, 2004 was a guide for mapping state unique codes to current HCPCS codes without ending coverage for items whenever possible. Please bill using the current HCPCS code that you determine matches an item best. If A9999, B9999, or B9998 are the only available HCPCS codes for an item, you may send the former state unique code, if available, to describe the item. This will assist First Health Services Corporation with identifying the established price for the item. However, Third Party Liability Avoidance (TPLA) for the former state unique codes are also discontinued effective with 4/30/04 dates of service. The crosswalk from state unique codes to national codes does not apply to TPLA. TPLA is a feature offered by First Health Services to providers for avoiding third party liability billing whenever a provider proves that a service, procedure, or item is not covered by a recipient's third party resource. Also, Medicare TPLA is added whenever current HCPCS codes that are noncovered by Medicare are updated in the Medicaid Management Information System (MMIS). Effective immediately, you must continue to follow all third party billing and TPLA request rules, including for items that were formerly on TPLA under discontinued state unique codes. In addition, please remember to use the same billing code for items on your claims to both other health plans and Medicaid. If you have questions, please call FHSC's Provider Inquiry unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 12/24/04

New Message

Provider Types: 76

REMINDER TO USE 2005 NATIONAL CODES FOR INCONTINENCE PRODUCTS

This is a reminder to use the 2005 national codes for incontinence products to request prior authorization and bill for dates of services on or after 1/1/05. As in the past, all diapers and briefs require prior authorization. The deleted and new codes are available at FHSC's website and in a flyer mailed to you. If you have questions, please call FHSC's provider inquiry unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 1/14/05

Modified Message

Provider Types: 76

REMINDER TO USE 2005 NATIONAL CODES FOR INCONTINENCE PRODUCTS AND A4534 IS DELETED EFFECTIVE 1/1/05

This is a reminder to use the 2005 national codes for incontinence products to request prior authorization and bill for dates of services on or after 1/1/05. As in the past, all diapers and briefs require prior authorization. **In addition to the deleted and new codes that are available at FHSC's website and in a flyer mailed to you, A4534 is deleted effective 1/1/05.**

If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Issue Date: Friday, 1/21/05

New Message

Provider Types: 76

A4221 IS ADDED AND A4222 IS UPDATED FOR DATES OF SERVICE ON OR AFTER 5/1/04

Effective immediately and for dates of service on or after May 1, 2004, procedure code A4221 is accepted and paid a maximum allowed amount of \$22.48 for up to 16 units, and procedure code A4222 is updated with an increase from \$31.00 to pay a maximum allowed amount of \$44.62. If you have questions, please call FHSC's Provider Inquiry Unit at 907-644-6800.

Issue Date: Friday, 1/28/05

New Message

Provider Types: 76

A9900 ACCEPTED FOR DATES OF SERVICE ON OR AFTER 5/1/04 FOR RESPIRATORY THERAPY VISITS FOR OXYGEN THERAPY PATIENTS, AND ACTUAL SHIPPING CHARGES FROM A MANUFACTURER TO A DME PROVIDER FOR SME AND CUSTOMIZED DME

Effective immediately, for dates of service on or after May 1, 2004, A9900 is accepted for prior authorized respiratory therapy visits for oxygen-therapy patients to determine if the equipment is working properly and adequately meeting the needs of the recipient's plan of care ordered by their physician. One visit may be approved every 90 days if needed. Also, A9900 is accepted for prior authorized, actual shipping charges from a manufacturer to a DME provider for 1) specialized medical equipment, and 2) customized durable medical equipment that is uniquely constructed or substantially modified for a specific recipient according to the description and orders of a physician, physician's assistant, or advanced nurse practitioner, and that is so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.