MDHHS
Home Health Database
January 2019

HCPCS Code	Rev Code	Short Description	Maximum Fee	Limit
99601	0550 0551 0552	Home Infusion/Visit 2 Hrs	$61.34	
99602	0550 0551 0552	Home Infusion Each Addtl Hr	$30.67	
A4244	0270	Alcohol Or Peroxide Per Pint	$0.92	8 per Month
A4246	0270	Betadine/Phisohex Solution	$7.53	8 per Month
A4310		Insert Tray W/O Bag/Cath	$5.12	2 per Month
A4311		Catheter W/O Bag 2-Way Latex	$13.11	2 per Month
A4312		Cath W/O Bag 2-Way Silicone	$11.95	2 per Month
A4313		Catheter W/Bag 3-Way	$13.91	2 per Month
A4314		Cath W/Drainage 2-Way Latex	$16.75	2 per Month
A4315		Cath W/Drainage 2-Way Silcne	$17.48	2 per Month
A4316		Cath W/Drainage 3-Way	$19.06	2 per Month
A4320		Irrigation Tray	$3.27	30 per Month
A4322		Irrigation syringe	$2.01	30 per Month
A4326		Male External Catheter	$6.20	30 per Month
A4328		Fem Urinary Collect Pouch	$6.90	10 per Month
A4331		Extension Drainage Tubing	$2.79	4 per Month
A4333		Urinary Cath Anchor Device	$1.95	4 per Month
A4334		Urinary Cath Leg Strap	$3.27	6 per 6 Months
A4338		Indwelling Catheter Latex	$10.83	2 per Month
A4344		Cath Indw Foley 2 Way Silicn	$11.78	2 per Month
A4349		Disposable Male External Cat	$0.92	96 per Month
A4351		Straight Tip Urine Catheter	$1.60	150 per Month
A4352		Coude Tip Urinary Catheter	$3.62	150 per Month
A4357		Bedside Drainage Bag	$6.43	3 per Month
A4358		Urinary Leg Or Abdomen Bag	$4.82	10 per Month
A4450		Non-Waterproof Tape	$0.09	240 per Month
A4452		Waterproof Tape	$0.33	240 per Month
A4629		Tracheostomy care kit	$3.07	30 per Month
A4927		Non-Sterile Gloves	$6.62	4 per Month
A4930		Sterile, Gloves Per Pair	$0.59	200 per Month
A6196		Alginate Dressing <=16 Sq In	$6.44	30 per Month
A6197		Alginate Drsg >16 <=48 Sq In	$14.40	30 per Month
A6198		Alginate Dressing > 48 Sq In	$22.37	30 per Month
A6199		Alginate Drsg Wound Filler	$4.63	30 per Month
A6203		Composite Drsg <= 16 Sq In	$2.93	30 per Month
A6204		Composite Drsg >16<=48 Sq In	$5.45	30 per Month
A6205		Composite Drsg > 48 Sq In	$7.98	30 per Month
A6206		Contact Layer <= 16 Sq In	$4.59	30 per Month
A6207		Contact Layer >16<= 48 Sq In	$6.43	30 per Month
A6208		Contact Layer > 48 Sq In	$8.27	30 per Month

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A6209		Foam Drsg <=16 Sq In W/O Bdr	$6.55	30 per Month
A6210		Foam Drg >16<=48 Sq In W/O B	$17.45	30 per Month
A6211		Foam Drg > 48 Sq In W/O Brdr	$25.72	30 per Month
A6212		Foam Drg <=16 Sq In W/Border	$8.50	30 per Month
A6213		Foam Drg >16<=48 Sq In W/Bdr	$8.77	30 per Month
A6214		Foam Drg > 48 Sq In W/Border	$9.02	30 per Month
A6215		Foam Dressing Wound Filler	$0.22	240 per Month
A6216		Non-Sterile Gauze<=16 Sq In	$0.05	200 per Month
A6217		Non-Sterile Gauze>16<=48 Sq	$0.10	200 per Month
A6218		Non-Sterile Gauze > 48 Sq In	$0.22	200 per Month
A6219		Gauze <= 16 Sq In W/Border	$0.83	200 per Month
A6220		Gauze >16 <=48 Sq In W/Bordr	$2.26	200 per Month
A6221		Gauze > 48 Sq In W/Border	$3.68	200 per Month
A6222		Gauze <=16 In No W/Sal W/O B	$1.87	200 per Month
A6223		Gauze >16<=48 No W/Sal W/O B	$2.11	200 per Month
A6224		Gauze > 48 In No W/Sal W/O B	$3.16	200 per Month
A6234		Hydrocolld Drg <=16 W/O Bdr	$5.73	30 per Month
A6235		Hydrocolld Drg >16<=48 W/O B	$14.74	30 per Month
A6236		Hydrocolld Drg > 48 In W/O B	$23.87	30 per Month
A6237		Hydrocolld Drg <=16 In W/Bdr	$6.93	30 per Month
A6238		Hydrocolld Drg >16<=48 W/Bdr	$19.97	30 per Month
A6239		Hydrocolld Drg > 48 In W/Bdr	$33.00	30 per Month
A6240		Hydrocolld Drg Filler Paste	$8.11	10 per Month
A6241		Hydrocolloid Drg Filler Dry	$1.71	240 per Month
A6242		Hydrogel Drg <=16 In W/O Bdr	$5.32	30 per Month
A6243		Hydrogel Drg >16<=48 W/O Bdr	$10.79	30 per Month
A6244		Hydrogel Drg >48 In W/O Bdr	$34.40	30 per Month
A6245		Hydrogel Drg <= 16 In W/Bdr	$6.36	30 per Month
A6246		Hydrogel Drg >16<=48 In W/B	$8.69	30 per Month
A6247		Hydrogel Drg > 48 Sq In W/B	$20.83	30 per Month
A6248		Hydrogel Drsg Gel Filler	$10.75	10 per Month
A6251		Absorpt Drg <=16 Sq In W/O B	$1.74	30 per Month
A6252		Absorpt Drg >16 <=48 W/O Bdr	$2.85	30 per Month
A6253		Absorpt Drg > 48 Sq In W/O B	$5.56	30 per Month
A6254		Absorpt Drg <=16 Sq In W/Bdr	$1.06	30 per Month
A6255		Absorpt Drg >16<=48 In W/Bdr	$2.65	30 per Month
A6256		Absorpt Drg > 48 Sq In W/Bdr	$4.25	30 per Month
A6257		Transparent Film <= 16 Sq In	$1.34	30 per Month
A6258		Transparent Film >16<=48 In	$3.77	30 per Month
A6259		Transparent Film > 48 Sq In	$9.58	30 per Month
A6266		Impreg Gauze No H20/Sal/Yard	$1.26	30 per Month
A6402		Sterile Gauze <= 16 Sq In	$0.11	200 per Month
A6403		Sterile Gauze>16 <= 48 Sq In	$0.37	200 per Month
A6404		Sterile Gauze > 48 Sq In	$0.64	200 per Month

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A6441		Pad Band W>=3" <5"/Yd	$0.46	12 per Month
A6442		Conform Band N/S W<3"/Yd	$0.14	72 per Month
A6443		Conform Band N/S W>=3"<5"/Yd	$0.26	72 per Month
A6444		Conform Band N/S W>=5"/Yd	$0.50	72 per Month
A6446		Conform Band S W>=3" <5"/Yd	$0.35	72 per Month
A6447		Conform Band S W >=5"/Yd	$0.58	72 per Month
A6449		Lt Compres Band >=3" <5"/Yd	$1.44	20 per Month
A6450		Lt Compres Band >=5"/Yd	$0.46	20 per Month
A6451		Mod Compres Band W>=3"<5"/Yd	$0.57	20 per Month
A6460		Synthetic drsg <= 16 sq in	$14.40	30 per Month
A6461		Synthetic drsg >16<=48 sq in	$14.40	30 per Month
G0151	0420 0421 0422 0424	HHCP-SERV OF PT,EA 15 MIN	$78.12	
G0152	0430 0431 0432 0434	Hhcp-Serv Of Ot,Ea 15 Min	$63.39	
G0153	0440 0441 0442 0444	Hhcp-Svs Of S/L Path,Ea 15mn	$78.12	
G0156	0570 0571 0572	Hhcp-Svs Of Aide,Ea 15 Min	$51.72	
G0299	0550 0551 0552	Hhs/hospice of rn ea 15 min	$80.98	
G0300	0550 0551 0552	Hhs/hospice of lpn ea 15 min	$80.98	
G0493	0550 0551 0552	Rn care ea 15 min hh/hospice	$80.98	
G0494	0550 0551 0552	Lpn care ea 15min hh/hospice	$80.98	
G0495	0550 0551 0552	Rn care train/edu in hh	$80.98	
G0496	0550 0551 0552	Lpn care train/edu in hh	$80.98	
T4541		Large Disposable Underpad	$0.38	180 per Month
T4542		Small Disposable Underpad	$0.38	180 per Month