

**Montana Medicaid – Fee Schedule**  
**Nursing Home/Swing Bed Ancillary Supplies**  
**January 2014 Revised 06/27/2017**  
**Definitions and Notes are located on the separate cover page**

Code	Short Description	Effective	End	Fee	EOB	PA
A4213	20+ CC SYRINGE ONLY	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4250	URINE REAGENT STRIPS/TABLETS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4253	BLOOD GLUCOSE/REAGENT STRIPS	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4263	PERMANENT TEAR DUCT PLUG	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4300	CATH IMPL VASC ACCESS PORTAL	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4310	INSERT TRAY W/O BAG/CATH	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4311	CATHETER W/O BAG 2-WAY LATEX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4312	CATH W/O BAG 2-WAY SILICONE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4313	CATHETER W/BAG 3-WAY	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4314	CATH W/DRAINAGE 2-WAY LATEX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4315	CATH W/DRAINAGE 2-WAY SILCNE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4316	CATH W/DRAINAGE 3-WAY	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4320	IRRIGATION TRAY	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4324	MALE EXT CATH W/ADH COATING	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4325	MALE EXT CATH W/ADH STRIP	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4326	MALE EXTERNAL CATHETER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4335	INCONTINENCE SUPPLY	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4338	INDWELLING CATHETER LATEX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4344	CATH INDW FOLEY 2 WAY SILICN	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4346	CATH INDW FOLEY 3 WAY	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4347	MALE EXTERNAL CATHETER	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4348	MALE EXT CATH EXTENDED WEAR	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4351	STRAIGHT TIP URINE CATHETER	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4352	COUDE TIP URINARY CATHETER	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4353	INTERMITTENT URINARY CATH	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4354	CATH INSERTION TRAY W/BAG	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4355	BLADDER IRRIGATION TUBING	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4356	EXT URETH CLMP OR COMPR DVC	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4357	BEDSIDE DRAINAGE BAG	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4358	URINARY LEG OR ABDOMEN BAG	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A4359	URINARY SUSPENSORY W/O LEG B	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4361	OSTOMY FACE PLATE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4362	SOLID SKIN BARRIER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4364	ADHESIVE LIQUID OR EQUAL	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4365	ADHESIVE REMOVER WIPES	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4367	OSTOMY BELT	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4368	OSTOMY FILTER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4369	SKIN BARRIER LIQUID PER OZ	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4371	SKIN BARRIER POWDER PER OZ	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4372	SKIN BARRIER SOLID 4X4 EQUIV	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4373	SKIN BARRIER WITH FLANGE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4375	DRAINABLE PLASTIC PCH W FCPL	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4376	DRAINABLE RUBBER PCH W FCPLT	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4377	DRAINABLE PLSTIC PCH W/O FP	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4378	DRAINABLE RUBBER PCH W/O FP	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4379	URINARY PLASTIC POUCH W FCPL	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA

**Montana Medicaid – Fee Schedule**  
**Nursing Home/Swing Bed Ancillary Supplies**  
**January 2014 Revised 06/27/2017**  
**Definitions and Notes are located on the separate cover page**

Code	Short Description	Effective	End	Fee	EOB	PA
A4380	URINARY RUBBER POUCH W FCPLT	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4381	URINARY PLASTIC POUCH W/O FP	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4383	URINARY RUBBER POUCH W/O FP	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4384	OSTOMY FACEPLT/SILICONE RING	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4385	OST SKN BARRIER SLD EXT WEAR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4387	OST CLSD POUCH W ATT ST BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4388	DRAINABLE PCH W EX WEAR BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4389	DRAINABLE PCH W ST WEAR BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4390	DRAINABLE PCH EX WEAR CONVEX	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4391	URINARY POUCH W EX WEAR BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4392	URINARY POUCH W ST WEAR BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4393	URINE PCH W EX WEAR BAR CONV	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4397	IRRIGATION SUPPLY SLEEVE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4398	OSTOMY IRRIGATION BAG	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4399	OSTOMY IRRIG CONE/CATH W BRS	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4400	OSTOMY IRRIGATION SET	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4402	LUBRICANT PER OUNCE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4404	OSTOMY RINGS, EACH	1/1/1986	99/99/99	COST / NO MARKUP	Y	NA
A4405	NONPECTIN BASED OSTOMY PASTE	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4406	PECTIN BASED OSTOMY PASTE	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4407	EXT WEAR OST SKN BARR <=4SQö	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4408	EXT WEAR OST SKN BARR >4SQö	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4409	1ST SKN BARR W FLNG <=4 SQö	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4410	OST SKN BARR W FLNG >4SQ¼	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4421	OSTOMY SUPPLY MISC	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4455	ADHESIVE REMOVER PER OUNCE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4550	SURGICAL TRAYS	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
A4615	CANNULA NASAL	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4616	TUBING (OXYGEN) PER FOOT	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4617	MOUTH PIECE	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4618	BREATHING CIRCUITS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4619	FACE TENT	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4620	VARIABLE CONCENTRATION MASK	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4623	TRACHEOSTOMY INNER CANNULA	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4628	OROPHARYNGEAL SUCTION CATH	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4629	TRACHEOSTOMY CARE KIT	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A4750	ART OR VENOUS BLOOD TUBING	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A4772	BLOOD GLUCOSE TEST STRIPS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A5051	POUCH CLSD W BARR ATTACHED	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A5052	CLSD OSTOMY POUCH W/O BARR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A5053	CLSD OSTOMY POUCH FACEPLATE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A5054	CLSD OSTOMY POUCH W/FLANGE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
A7010	DISPOSABLE CORRUGATED TUBING	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A7011	NONDISPOS CORRUGATED TUBING	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
A7030	CPAP FULL FACE MASK	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A7031	REPLACEMENT FACEMASK INTERFA	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y

**Montana Medicaid – Fee Schedule**  
**Nursing Home/Swing Bed Ancillary Supplies**  
**January 2014 Revised 06/27/2017**  
**Definitions and Notes are located on the separate cover page**

Code	Short Description	Effective	End	Fee	EOB	PA
A7034	NASAL APPLICATION DEVICE	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A7037	POS AIRWAY PRESSURE TUBING	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
A7042	IMPLANTED PLEURAL CATHETER	1/1/1987	99/99/99	COST / NO MARKUP	NA	Y
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4081	NASOGASTRIC TUBING WITH STYLET	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4082	NASOGASTRIC TUBING WITHOUT STYLET	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4083	STOMACH TUBE - LEVINE TYPE	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE	1/1/1987	99/99/99	COST / NO MARKUP	Y	Y
B4150	ENTERAL FORMULAE CATEGORY I; SEMI-	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4151	ENTERAL FORMULAE; CATEGORY I: NATURAL	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4152	ENTERAL FORMULAE; CATEGORY II: INTACT	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4153	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFINED	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4155	ENTERAL FORMULAE;CATEGORY V:MODULAR	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4156	ENTERAL FORMULAE; CATEGORY VI:	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4164	PARENTERAL NUTRITION SOLUTION:	1/1/1986	99/99/99	COST / NO MARKUP	Y	NA
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B4180	PARENTERAL NUTRITION SOLUTION;	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4184	PARENTERAL NUTRITION SOLUTION; LIPIDS 10%	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4186	PARENTERAL NUTRITION SOLUTION LIPIDS 20% W	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4189	PARENTERAL NUTRITION; COMPOUNDED 10 TO 51	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B4193	PARENTERAL NUTRITION; COMPOUNDED 52 TO 73	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B4197	PARENTERAL NUTRITION; COMPOUNDED 74 TO	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B4199	PARENTERAL NUTRITION; COMPOUNDED OVER	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B4216	PARENTERAL NUTRITION; ADDITIVES - HOMEMIX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B5000	PARENTERAL NUTRITION; COMPOUNDED RENAL -	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B5100	PARENTERAL NUTRITION; COMPOUNDED	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B5200	PARENTERAL NUTRITION; COMPOUNDED STRESS-	4/1/1988	99/99/99	COST / NO MARKUP	Y	NA
B9998	NOC FOR ENTENAL SUPPLIES	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
B9999	NOC FOR PARENTERAL SUPPLIES	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
E0431	PORT GAS O2SYS RENTAL MC REG FLOW HUMID	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
E0434	PORT O2 LIQ SYS RENT INC PORT CONTAINER	1/1/1987	99/99/99	COST / NO MARKUP	Y	NA
E0441	OXYGEN CONTENTS GASEOUS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E0442	OXYGEN CONTENTS LIQUID	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E0443	PORTABLE O2 CONTENTS GAS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E0444	PORTABLE O2 CONTENTS LIQUID	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E0570	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E0600	SUCTION PUMP PORTAB HOM MODL	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA

**Montana Medicaid – Fee Schedule**  
**Nursing Home/Swing Bed Ancillary Supplies**  
**January 2014 Revised 06/27/2017**  
**Definitions and Notes are located on the separate cover page**

<b>Code</b>	<b>Short Description</b>	<b>Effective</b>	<b>End</b>	<b>Fee</b>	<b>EOB</b>	<b>PA</b>
E1353	REGULATOR	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA
E1355	STAND/RACK	1/1/1987	99/99/99	COST / NO MARKUP	NA	NA