

STATE OF IOWA DEPARTMENT OF
Health AND Human
 SERVICES

IOWA MEDICAID CODES FOR MODIFIER CC

Code	Description	Effective Date	End Date
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	9/1/2018	999999
A4217	Sterile water/saline, 500 ml	9/1/2018	999999
A4218	Sterile saline or water, metered dose dispenser, 10 ml	3/18/2020	999999
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	5/1/2020	999999
A4244	Alcohol or peroxide, per pint	9/1/2018	999999
A4245	Alcohol wipes, per box	9/1/2018	999999
A4246	Betadine or pHisoHex solution, per pint	9/1/2018	999999
A4247	Betadine or iodine swabs/wipes, per box	9/1/2018	999999
A4248	Chlorhexidine containing antiseptic, 1 ml	9/1/2018	999999
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	9/1/2018	999999
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	4/1/2019	999999
A4255	Platforms for home blood glucose monitor, 50 per box	7/1/2013	999999
A4259	Lancets, per box of 100	4/1/2019	999999
A4265	Paraffin, per pound	9/1/2018	999999
A4364	Adhesive, liquid or equal, any type, per oz	7/1/2013	999999
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	7/1/2013	999999
A4371	Ostomy skin barrier, powder, per oz	12/1/2018	999999
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz	7/1/2013	999999
A4402	Lubricant, per oz	9/1/2018	999999
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	7/1/2013	999999
A4406	Ostomy skin barrier, pectin-based, paste, per oz	7/1/2013	999999
A4450	Tape, nonwaterproof, per 18 sq in	7/1/2013	999999
A4452	Tape, waterproof, per 18 sq in	7/1/2013	999999
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	9/1/2018	999999
A4556	Electrodes (e.g., apnea monitor), per pair	9/1/2018	999999
A4557	Lead wires (e.g., apnea monitor), per pair	9/1/2018	999999

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Code	Description	Effective Date	End Date
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	9/1/2018	999999
A4559	Coupling gel or paste, for use with ultrasound device, per oz	6/11/2012	999999
A4616	Tubing (oxygen), per foot	8/1/2015	999999
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	7/1/2013	999999
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	6/11/2012	999999
A4728	Dialysate solution, nondextrose containing, 500 ml	6/11/2012	999999
A4736	Topical anesthetic, for dialysis, per g	6/11/2012	999999
A4737	Injectable anesthetic, for dialysis, per 10 ml	6/11/2012	999999
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	6/11/2012	999999
A4860	Disposable catheter tips for peritoneal dialysis, per 10	6/11/2012	999999
A4927	Gloves, nonsterile, per 100	7/1/2013	999999
A4928	Surgical mask, per 20	7/1/2013	999999
A5113	Leg strap; latex, replacement only, per set	7/1/2013	999999
A5114	Leg strap; foam or fabric, replacement only, per set	7/1/2013	999999
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	9/1/2018	999999
A6010	Collagen based wound filler, dry form, sterile, per g of collagen	7/1/2013	999999
A6011	Collagen based wound filler, gel/paste, per g of collagen	7/1/2013	999999
A6024	Collagen dressing wound filler, sterile, per 6 in	7/1/2013	999999
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	9/1/2018	999999
A6215	Foam dressing, wound filler, sterile, per g	6/11/2012	999999
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	7/1/2013	999999
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g	7/1/2013	999999
A6248	Hydrogel dressing, wound filler, gel, per fl oz	7/1/2013	999999
A6261	Wound filler, gel/paste, per fl oz, not otherwise specified	6/11/2012	999999
A6262	Wound filler, dry form, per g, not otherwise specified	6/11/2012	999999
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	7/1/2013	999999
A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	7/1/2013	999999

STATE OF IOWA DEPARTMENT OF
Health AND Human
 SERVICES

Code	Description	Effective Date	End Date
A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	7/1/2013	999999
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd	7/1/2013	999999
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	7/1/2013	999999
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	7/1/2013	999999
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	3/18/2020	999999
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	3/18/2020	999999
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	3/18/2020	999999
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	3/18/2020	999999
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	7/1/2013	999999
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	7/1/2013	999999
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	7/1/2013	999999
A6457	Tubular dressing with or without elastic, any width, per linear yd	6/11/2012	999999
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	7/1/2013	999999

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Code	Description	Effective Date	End Date
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	7/1/2013	999999
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	7/1/2013	999999
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	5/1/2020	999999
B4100	Food thickener, administered orally, per oz	6/11/2012	999999
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	6/1/2022	999999
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	7/1/2013	999999
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Code	Description	Effective Date	End Date
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	6/11/2012	999999
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	6/11/2012	999999
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	6/11/2012	999999
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	6/11/2012	999999
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	6/11/2012	999999
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	7/1/2013	999999
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	7/1/2013	999999
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	7/1/2013	999999
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	7/1/2013	999999
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	7/1/2013	999999
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	7/1/2013	999999
B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids	7/1/2013	999999