

HOME HEALTH SERVICES Effective February 1, 2010			
HOME HEALTH VISITS			
HCPCS CODE	DESCRIPTION THERAPIES	BILLING UNIT	MAXIMUM RATE/UNIT
RC420	Physical Therapy	1 visit	\$ 111.84
RC424	Physical Therapy - Evaluation	1visit	\$ 111.84
RC430	Occupational Therapy	1 visit	\$ 111.84
RC434	Occupational Therapy - Evaluation	1 visit	\$ 111.84
RC440	Speech Therapy	1 visit	\$ 111.84
RC444	Speech Therapy - Evaluation	1 visit	\$ 111.84
HCPCS CODE	DESCRIPTION - SKILLED NURSING VISITS	BILLING UNIT	MAXIMUM RATE/UNIT
RC550	Skilled Nursing Home Health	1 visit	\$ 105.44
RC551	Skilled Nursing Visit	1 visit	\$ 105.44
RC559	Skilled Nursing - Other Visit	1 visit	\$ 105.44
RC580	Home Health - Other Visit	1 visit	\$ 105.44
RC581	Home Health Visit Charge	1 visit	\$ 105.44
RC589	Home Health Visit - Other	1 visit	\$ 105.44
HCPCS CODE	DESCRIPTION - HOME HEALTH AIDE	BILLING UNIT	MAXIMUM RATE/UNIT
RC570	Home Health Aide	1 visit	\$ 48.24
HOME HEALTH CARE MEDICAL SUPPLIES SKIN CARE (DECUBITUS) SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
E0188	Synthnetic sheepskin pad	each	\$ 27.75
E0191	Heel or elbow protector	each	\$ 8.92
E0199	Dry pressure pad for mattress, standard mattress length and width	each	\$ 27.03
HOME HEALTH CARE MEDICAL SUPPLIES SOLUTIONS			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4216	Sterile saline or water, 10 ml	10 ml	\$ 0.42
A4217	Sterile saline or water, 500ml	500 ml	\$ 2.64
A4244	Alcohol or Peroxide, per pint	1 pint	\$ 1.01
A4246	Betadine or PhisoHex solution, per pint	1 pint	\$ 5.89
A4321	Therapeutic agent for urinary catheter irrigation (acetic acid - 250 to 1,000 cc)	1 bottle	\$ 7.09

HOME HEALTH CARE MEDICAL SUPPLIES CATHETER SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4310	Insertion tray without drainage bag and without catheter (accessories only)	each	\$ 6.89
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc)	each	\$ 15.58
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	\$ 19.45
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each	\$ 26.55
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	\$ 29.82
A4320	Irrigation tray with bulb or piston syringe, any purpose	each	\$ 4.76
A4322	Irrigation syringe, bulb or piston	each	\$ 3.08
A4328	Female external urinary collection device; pouch	each	\$ 10.76
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch	each	\$ 3.34
A4333	Urinary Catheter anchoring device, adhesive skin attachment	each	\$ 2.31
A4334	Urinary catheter anchoring device, leg strap	each	\$ 5.18
A4335	Incontinence supply; miscellaneous (catheter care kit)	each	\$ 4.15
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	each	\$ 11.41
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.)	each	\$ 28.34
A4344	Indwelling catheter, Foley type, two-way, all silicone	each	\$ 15.07
A4349	Male external catheter, with or without adhesive, disposable	each	\$ 2.12
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	each	\$ 1.62
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	each	\$ 6.24
A4353	Intermittent urinary catheter, with insertion supplies	each	\$ 7.35
A4354	Insertion tray with drainage bag but without catheter	each	\$ 12.39
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	each	\$ 10.19
A4358	Urinary leg bag; vinyl, with or without tube	each	\$ 6.96

HOME HEALTH CARE MEDICAL SUPPLIES SYRINGES and INTRAVENOUS/PARENTERAL SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4206	Syringe with needle, sterile, 1 cc (or smaller)	each	\$ 0.34
A4207	Syringe with needle, sterile, 2cc	each	\$ 0.28
A4208	Syringe with needle, sterile, 3cc	each	\$ 0.29
A4209	Syringe with needle, sterile, 5 cc or greater	each	\$ 0.31
A4212	Non-coring needle or stylet with or without catheter (Huber needle)	each	\$ 10.17
A4213	Syringe, sterile, 20 cc or greater	each	\$ 1.13
A4215	Needle only, sterile, any size	each	\$ 0.14
A4657	Syringe, with or without needle (less than 20 cc)	each	\$ 0.33
B9999	NOC for parenteral supplies (IV infusion start kit)	each	\$ 2.67
S1015	IV tubing extension set (IV administration set)	each	\$ 4.41
HOME HEALTH CARE MEDICAL SUPPLIES DRESSING SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4461	Surgical dressing holder, nonreusable, each	each	\$ 3.45
A4462	Abdominal dressing holder	each	\$ 3.22
A4550	Surgical tray (suture removal set)	each	\$ 4.23
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	gram	\$ 32.51
A6011	Collagen based wound filler, gel/paste, sterile, per gram of collagen	gram	\$ 2.39
A6021	Collagen dressing, sterile, pad size 16 sq. in or less	each	\$ 22.07
A6022	Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 in	each	\$ 22.07
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less	each	\$ 7.72
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in.	each	\$ 17.26
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq in	each	\$ 19.26
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 in.	each	\$ 5.55
A6200	Composite dressing ,pad size 16 sq. in. or less, without adhesive border	each	\$ 9.13
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 20.00
A6203	Composite dressing ,pad size 16 sq. in. or less, with any size adhesive border	each	\$ 3.52
A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border	each	\$ 6.54
A6206	Contact layer, 16 sq. in. or less	each	\$ 14.03
A6207	Contact layer, more than 16 sq. in but less than or equal to 48 sq. in.	each	\$ 7.71
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 7.85

A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 20.92
A6211	Foam dressing, wound cover, pad size more than 48 sq. in. without adhesive border	each	\$ 30.84

HOME HEALTH CARE MEDICAL SUPPLIES DRESSING SUPPLIES (Continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 10.19
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border	each	\$ 20.35
A6215	Foam dressing, wound filler, per gram	per gram	\$ 11.27
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border	each	\$ 0.05
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in. without adhesive border	each	\$ 0.10
A6218	Gauze, non impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border	each	\$ 0.15
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 1.00
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border	each	\$ 2.71
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border	each	\$ 2.24
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. inch but less than or equal to 48 sq. inch, without adhesive border	each	\$ 2.54
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border	each	\$ 3.79
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border	each	\$ 1.97
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than 48 in., without adhesive border	each	\$ 3.79
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less	each	\$ 4.91
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 16 sq. in. but less than 48 in.	each	\$ 7.22
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 6.87
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 17.66
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border	each	\$ 28.61
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 8.31
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border	each	\$ 23.93

HOME HEALTH CARE MEDICAL SUPPLIES DRESSING SUPPLIES (Continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	1 oz	\$ 12.85
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	1 gm	\$ 2.70
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 6.37
A6243	Hydrogel dressing, wound cover, pad size more than size 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 12.93
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 7.63
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in. , with any size adhesive border	each	\$ 10.42
A6248	Hydrogel dressing, wound filler, gel	1 oz	\$ 17.05
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 2.09
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 3.41
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in. without adhesive border	each	\$ 6.66
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 1.27
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border	each	\$ 3.18
A6257	Transparent film, 16 sq. in. or less	each	\$ 1.61
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in.	each	\$ 4.52
A6259	Transparent film, more than 48 sq. in.	each	\$ 11.49
A6260	Wound cleansers, any type, any size	each	\$ 25.96
A6261	Wound filler, gel paste, per fl.oz, NOC	fl. Oz.	\$ 27.39
A6262	Wound filler, dry form, per gm, NOC	1 gm	\$ 0.56
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border	each	\$ 0.11
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 0.45
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border	each	\$ 0.47
A6407	Gauze packing strips, non-impregnated, up to 2 inches wide	per yard	\$ 1.97
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches	per yard	\$ 0.70
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches	per yard	\$ 0.18

A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 0.30
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 in.	per yard	\$ 0.59
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 0.43
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 in.	per yard	\$ 0.70
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches	per yard	\$ 1.22
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 1.84
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in.	per yard	\$ 1.02

HOME HEALTH CARE MEDICAL SUPPLIES DRESSING SUPPLIES (Continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than 3 in. (Dynaflex elastic bandage, Coban)	per yard	\$ 0.64
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 3 in. and less than 5 in. (Dynaflex elastic bandage, Coban)	per yard	\$ 0.81
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 5 in. (Dynaflex elastic bandage, Coban)	per yard	\$ 1.46
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 1.34
A6457	Tubular dressing with or without Elastic, any width, per linear yard	per yard	\$ 1.20
A9999	Miscellaneous DME supply, not otherwise specified (Dynaflex, Profore, etc. layered cohesive kit)	each	\$ 26.70
HOME HEALTH CARE MEDICAL SUPPLIES OSTOMY SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4361	Ostomy faceplate	each	\$ 18.18
A4362	Skin Barrier; Solid, 4 X 4 or equivalent	each	\$ 3.63
A4364	Adhesive (for ostomy or catheter), liquid, or equal, any type	1 ounce	\$ 5.97
A4367	Ostomy Belt	each	\$ 6.56
A4368	Ostomy Filter	each	\$ 0.25
A4369	Ostomy skin barrier, liquid (spray, brush, etc.)	1 ounce	\$ 3.96
A4371	Ostomy skin barrier, powder	1 ounce	\$ 6.93
A4372	Ostomy skin barrier, solid 4X4 or equivalent, with built-in convexity	each	\$ 4.39
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size	each	\$ 6.59
A4375	Ostomy pouch, drainable, with faceplate attached, plastic	each	\$ 18.04
A4376	Ostomy pouch, drainable, with faceplate attached, rubber	each	\$ 47.10
A4377	Ostomy pouch, drainable, for use on faceplate, plastic	each	\$ 4.50
A4378	Ostomy pouch, drainable, for use on faceplate, rubber	each	\$ 30.44
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each	\$ 15.77
A4380	Ostomy pouch, urinary, with faceplate attached, rubber	each	\$ 36.95
A4381	Ostomy pouch, urinary, for use on faceplate, plastic	each	\$ 4.84
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic	each	\$ 24.37
A4383	Ostomy pouch, urinary, for use on faceplate, rubber	each	\$ 27.90
A4384	Ostomy faceplate equivalent, silicone ring	each	\$ 9.52
A4385	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, without built-in convexity	each	\$ 5.36
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 Piece)	each	\$ 4.58
A4389	Ostomy pouch, drainable, with barrier attached, with convexity (1 piece)	each	\$ 6.16

A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity (1 piece)	each	\$ 10.09
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 Piece)	each	\$ 6.99
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity, (1 Piece)	each	\$ 8.10
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, (1 piece)	each	\$ 8.95
A4394	Ostomy Deodorant, with or without lubricant, for use in ostomy pouch	fl. Oz.	\$ 2.71
A4395	Ostomy deodorant for use in ostomy pouch, solid	per tablet	\$ 0.05
A4396	Ostomy belt with peri-stomal hernia support	each	\$ 42.50
A4397	Irrigation supply; sleeve	each	\$ 4.07
A4398	Ostomy irrigation supply; bag	each	\$ 14.50
A4399	Ostomy irrigation supply; cone/catheter, including brush	each	\$ 12.76
A4400	Ostomy irrigation set	each	\$ 43.61
A4402	Lubriant	1 ounce	\$ 1.35
A4404	Ostomy rings	each	\$ 1.50
A4405	Ostomy skin barrier, non pectin based, paste	1 ounce	\$ 4.25

HOME HEALTH CARE MEDICAL SUPPLIES OSTOMY SUPPLIES (Continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4406	Ostomy skin barrier, pectin-based, paste	1 ounce	\$ 6.30
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4X4 in. or smaller	each	\$ 8.82
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches	each	\$ 10.36
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller	each	\$ 6.53
A4410	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4X4 in.	each	\$ 9.04
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity	each	\$ 5.36
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 Piece system), without filter	each	\$ 2.84
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 Piece system)	each	\$ 5.78
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller	each	\$ 5.18
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	each	\$ 6.30
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece)	each	\$ 2.89
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece)	each	\$ 3.91
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece)	each	\$ 1.90
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece)	each	\$ 1.83
A4422	Ostomy absorbent material (sheet, pad, crystal packet) for use in ostomy pouch to thicken liquid stomal output	each	\$ 0.13
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece)	each	\$ 1.95
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece)	each	\$ 4.99
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system)	each	\$ 3.76
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system)	each	\$ 2.87
A4427	Ostomy pouch, drainable; for use on barrier with locking flange with filter (two piece system)	each	\$ 2.92
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece)	each	\$ 6.84

A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece)	each	\$ 8.66
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece)	each	\$ 8.95
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece)	each	\$ 6.53

HOME HEALTH CARE MEDICAL SUPPLIES OSTOMY SUPPLIES (Continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece)	each	\$ 3.77
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece)	each	\$ 3.51
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	1 ounce	\$ 3.84
A4456	Adhesive remover wipes, any type	1 each	\$ 0.26
A4558	Conductive paste or gel	1 jar	\$ 5.72
A5051	Ostomy pouch, closed; with barrier attached (one piece)	each	\$ 2.75
A5052	Ostomy pouch, closed; without barrier attached (one piece)	each	\$ 1.70
A5053	Ostomy pouch, closed; for use on faceplate	each	\$ 1.47
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece)	each	\$ 1.72
A5055	Stoma cap	each	\$ 1.32
A5061	Ostomy pouch, drainable; with barrier attached (one piece)	each	\$ 4.22
A5062	Ostomy pouch, drainable; without barrier attached (one piece)	each	\$ 2.50
A5063	Ostomy pouch, drainable; for use on barrier with flange (two piece system)	each	\$ 3.07
A5071	Ostomy pouch, urinary; with barrier attached (one piece)	each	\$ 4.79
A5072	Ostomy pouch, urinary; without barrier attached (one piece)	each	\$ 3.47
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece)	each	\$ 3.18
A5093	Ostomy Accessory; convex insert	each	\$ 1.64
A5102	Bedside drainage bottle with or without tubing, rigid or expandable	each	\$ 22.35
A5120	Skin barrier, wipes or swabs, each	each	\$ 0.25
A5121	Skin barrier; solid, 6 X 6 or equivalent (wafer)	each	\$ 8.97
A5122	Skin barrier; solid, 8 X 8 or equivalent (wafer)	each	\$ 12.54
A5126	Adhesive or non-adhesive; disk or foam pad	each	\$ 1.12
A5131	Cleaner, incontinence and ostomy appliances, per 16 oz.	16 ounce	\$ 14.32
HOME HEALTH CARE MEDICAL SUPPLIES TRACHEOSTOMY SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4623	Tracheostomy, inner cannula (replacement only)	each	\$ 5.53
A4624	Tracheal suction catheter, any type	each	\$ 2.22
A4625	Tracheostomy care kit for new tracheostomy	each	\$ 5.85
A4628	Oropharyngeal suction catheter	each	\$ 3.71
A4629	Tracheostomy care kit for established tracheostomy	each	\$ 4.59
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal	each	\$ 47.12
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal	each	\$ 46.69
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable)	each	\$ 44.82

A7525	Tracheostomy mask	each	\$ 2.05
A7526	Tracheostomy tube collar/holder	each	\$ 3.34
A7527	Tracheostomy/laryngectomy tube plug/stop	each	\$ 3.76
S8189	Tracheostomy supply, not otherwise classified	each	\$ 0.29

HOME HEALTH CARE MEDICAL SUPPLIES MISCELLANEOUS SUPPLIES			
HCPSC CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4250	Urine test or reagent strips	100/box	\$ 26.38
A4253	Blood glucose test or reagent strips for home blood glucose monitor	50/pkg	\$ 30.06
A4258	Spring-powered device for lancet	each	\$ 17.91
A4259	Lancets	100/box	\$ 10.91
A4320	Irrigation tray with bulb or piston syringe, any purpose	each	\$ 4.76
A4322	Irrigation syringe, bulb or piston	each	\$ 3.08
A4450	Tape, non-waterproof, per 18 sq. in.	18 sq in	\$ 0.09
A4452	Tape, waterproof, per 18 sq. in.	18 sq in	\$ 0.38
A4458	Enema bag with tubing, reusable	each	\$ 3.25
A4927	Non-sterile exam gloves	100/box	\$ 11.52
A4930	Sterile surgical gloves	1 pair	\$ 0.89
B4081	Nasogastric tubing with stylet	each	\$ 22.83
B4082	Nasogastric tubing without stylet	each	\$ 16.99
B4083	Stomach tubing - Levine type	each	\$ 2.60
B4087	Gastrostomy/jejunostomy tube, any material, any type	each	\$ 18.08
B4088	Gastrostomy/jejunostomy tube, low profile, any material, any type	each	\$ 138.70
A4490	Surgical stockings, above the knee	each	\$ 15.08
A4495	Surgical stockings, thigh length	each	\$ 19.00
A4500	Surgical stockings, below the knee	each	\$ 15.08
S5199	Personal care items (Fleet Enemas)	each	\$ 1.43
TI999	Miscellaneous therapeutic Item	each	\$ -
HOME HEALTH CARE MEDICAL SUPPLIES INCONTINENCE SUPPLIES			
HCPSC CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4554	Disposable underpads, all sizes (e.g. Chux's)	each	\$ 0.53
T4521	Adult sized disposable incontinence product, brief/diaper, small	each	\$ 0.91
T4522	Adult sized disposable incontinence product, brief/diaper, medium	each	\$ 0.91
T4523	Adult sized disposable incontinence product, brief/diaper, large	each	\$ 0.91
T4524	Adult sized disposable incontinence product, brief/diaper, extra large	each	\$ 0.91
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size	each	\$ 0.91
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size	each	\$ 0.91
T4533	Youth-sized disposable incontinence product, brief/diaper	each	\$ 0.91

Note: Brand names are given only as an example of items similar in purpose and function. Providers are reminded to bill their usual and customary rates. Do not automatically bill the established maximum reimbursement rate listed. Payment will be the lesser