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	HCPCS codes are updated quarterly by CMS and this supply schedule may be revised.		
	The appearance of a code on this supply schedule does not guarantee coverage.		
Revenue Code	**HCPCS**	**Description**	**Limits**
270	A4206	Syringe w/needle, sterile 1cc or less, each	125 per calendar month
270	A4207	Syringe with needle; sterile 2cc, each	10 per calendar month
270	A4208	Syringe with needle; sterile 3cc, each	10 per calendar month
270	A4209	Syringe with needle; sterile 5cc each	10 per calendar month
270	A4210	needle-free injection device, each	
270	A4212	Noncoring needle or stylet w/wo catheter (Huber needle)	
270	A4213	Syringe, sterile, 20cc or greater, each	
270	A4215	Sterile needle only,any size, each	
270	A4217	Sterile water/saline , 500 ml	
270	A4218	Sterile saline or H2O metered dose dispenser 10 ML	
270	A4221	Supplies for maintance of drug infusion catheter per week	
270	A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag	
270	A4244	Alcohol or peroxide, per pint	2 per calendar month
270	A4245	Alcohol wipes per box	2 per calendar month
270	A4246	Betadine or Phisohex solution, per pint	2 per calendar month
270	A4247	Betadine or iodine swabs/wipes per box	2 per calendar month
270	A4305	IV delivery system disposable, 50 ML or greater per hour	
270	A4310	Insert tray w/o bag/cath	1 per calendar month
270	A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex	1 per calendar month
270	A4312	Cath w/o bag 2-way silicone	
270	A4313	With indwelling catheter, foley type, 3-way for continuous irrigation	
270	A4314	Cath w/drainage 2-way latex	
270	A4315	Cath w/drainage 2-way silicone	
270	A4316	Cath w/drainage 3-way	
270	A4320	Irrigation tray	9 per calendar month
270	A4322	Irrigation syringe, bulb or piston, each	9 per calendar month
270	A4326	Male external catheter	
270	A4331	External drainage tubing for urinary leg bag or urostomy, each	
270	A4332	Lubricant , individual sterile, for insertion of urinary catheter, each	

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Revenue Code	HCPCS	Description	Limits
270	A4333	Urinary catheter anchoring device, adhesive skin attachment, each	
270	A4334	Urinary catheter anchoring device, leg strap, each	
270	A4338	Indwelling catheter foley type, two-way latex with coating, each	3 per calendar month
270	A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, each	
270	A4344	Catheter indwelling, foley type, 2 way, all silicone, each	3 per calendar month
270	A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, each	
270	A4349	Male ext. catheter w or w/o adhesive, disposable, each	
270	A4351	Intermittent urinary straight tip urine catheter, with or without coating	
270	A4352	Intermittent urinary catheter, Coude tip, with or without coating	
270	A4353	Intermittent urinary cath	124 per calendar month
270	A4354	Insertion tray with drainage bag but without catheter	1 per calendar month
270	A4355	Bladder irrigation tubing set through a three-way indwelling foley catheter, each	
270	A4356	Ext ureth clmp or compr dvc	4 per year
270	A4357	Bedside drainage bag	1 per calendar month
270	A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each	
270	A4361	Ostomy face plate	6 per year
270	A4362	Solid skin barrier	20 per calendar month
270	A4363	Ostomy Clamp, any type, each	
270	A4364	Adhesive, liquid or equal, any type, per ounce	
270	A4366	Ostomy vent, any type, each	1 per calendar month
270	A4367	Ostomy belt	1 per calendar month
270	A4368	Ostomy filter	
270	A4369	Skin barrier liquid per oz	
270	A4371	Skin barrier powder per oz	
270	A4372	Ostomy Skin barrier solid 4x4 equiv	
270	A4373	Skin barrier with flange	
270	A4375	Drainable plastic pch w fcpl	
270	A4376	Drainable rubber pch w fcplt	
270	A4377	Drainable plstic pch w/o fp	

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Revenue Code	HCPCS	Description	Limits
270	A4378	Drainable rubber pch w/o fp	
270	A4379	Urinary plastic pouch w fcpl	
270	A4380	Urinary plastic pouch w/o fp	
270	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	
270	A4382	Urinary hvy plstc pch w/o fp	
270	A4383	Urinary rubber pouch w/o fp	
270	A4384	Ostomy faceplt/silicone ring	
270	A4385	Ostomy skn barrier sld ext wear	
270	A4387	Ostomy clsd pouch w att st barr	
270	A4388	Drainable pch w ex wear barr	
270	A4389	Drainable pch w st wear barr	
270	A4390	Drainable pch ex wear convex	
270	A4391	Urinary pouch w ex wear barr	
270	A4392	Urinary pouch w st wear barr	
270	A4393	Urine pch w ex wear bar conv	
270	A4394	Ostomy pouch liq deodorant	
270	A4395	Ostomy pouch solid deodorant	
270	A4396	Ostomy belt with peristomal herina support	
270	A4397	Irrigation supply sleeve	4 per calendar month
270	A4398	Ostomy irrigation bag	4 per year
270	A4399	Ostomy irrig cone/cath w brs	4 per year
270	A4400	Ostomy irrigation set	1 per calendar month
270	A4404	Ostomy ring each	10 per calendar month
270	A4405	Ostomy skin barrier, non-pectin based, paste, per oz	
270	A4406	Ostomy skin barrier, pectin based, per oz	
270	A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <	
270	A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >	
270	A4409	Ostomy skin barrier with flange	
270	A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea	
270	A4411	Ostomy skin barrier, solid 4X4 or eq. ext. wear, built in convexity, each	
270	A4412	Ostomy pouch, drainable, hight otpt use on barrier w/o filter each	

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Revenue Code	HCPCS	Description	Limits
270	A4413	Ostomy pouch, drainable, high otpt, use on barrier w/ fl with filter ea	
270	A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <	
270	A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >	
270	A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each	60 per calendar month
270	A4417	Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each	60 per calendar month
270	A4418	Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each	60 per calendar month
270	A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each	60 per calendar month
270	A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, ea	60 per calendar month
270	A4423	Ostomy pouch closed, 2 pc. Locking flange, each	60 per calendar month
270	A4424	Ostomy pouch, drainable,w/barrier 1 pc, each	60 per calendar month
270	A4425	Ostomy pouch drainable, non-locking flange 2 pc each	60 per calendar month
270	A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each	60 per calendar month
270	A4427	Ostomy pouch, drainable, barrier w/lock flange, w/filter 2 pc, ea	60 per calendar month
270	A4428	Otosmy pouch, urinary, extended wear faucet type tap, each	60 per calendar month
270	A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each	60 per calendar month
270	A4430	Ostomy pouch urinary, ext. wear, convexity, faucet tap, each	60 per calendar month
270	A4431	Ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.	60 per calendar month
270	A4432	Ostomy pouch, urinary, non-locking flange, faucet type, ea.	60 per calendar month
270	A4433	Ostomy pouch, urinary, w/locking flange, ea.	60 per calendar month
270	A4434	Ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.	60 per calendar month
270	A4450	Tape, non-water proof, 18 sq inches **(18 inches = 1 unit)**	
270	A4452	Tape, water proof , 18 sq inches **(18 inches = 1 unit)**	
270	A4455	Adhesive remover per ounce	32 per year
270	A4458	Enema	15 per month
270	A4465	Non-elastic binder for extremity	
270	A4481	Tracheostoma filter	
270	A4500	Surgical stockings; below knee length	2 pair per month
270	A4623	Trachestomy innercannual	31 per calendar month
270	A4624	Tracheal suction tube	90 per calendar month
270	A4625	Trach care kit for new trach	1 per calendar month
270	A4626	Tracheostomy cleaning brush	2 per calendar month

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270	A4628	Oropharyngeal suction cath	
270	A4629	Tracheostomy care kit	
270	A4657	Syringes, with or without needle **(10 CC syringe)**	
270	A4927	Gloves, nonsterile per box 100	2 per month
270	A4930	Gloves, sterile per pair	90 pair per month
270	A5051	Pouch clsd w barr attached	60 per calendar month
270	A5052	Clsd ostomy pouch w/o barrier	60 per calendar month
270	A5053	Clsd ostomy pouch faceplate	60 per calendar month
270	A5054	Closd ostomy pouch w/flang	60 per calendar month
270	A5055	Stoma cap	31 per calendar month
270	A5061	Pouch drainable w barrier AT	20 per calendar month
270	A5062	DRNBLE ostomy pouch w/o barr	20 per calendar month
270	A5063	Drain ostomy pouch/flange	20 per calendar month
270	A5071	Urinary pouch w/barrier	20 per calendar month
270	A5072	Urinary pouch w/o barrier	20 per calendar month
270	A5073	Urinary pouch on barr w/flng	20 per calendar month
270	A5081	Continent stoma plug	31 per calendar month
270	A5082	Continent stoma catheter	1 per calendar month
270	A5083	Continent device stoma absorptive cover for continent stoma each	
270	A5093	Ostomy accessory convex inse	10 per calendar month
270	A5102	Beside drain btl w/wo tube	4 per year
270	A5105	Urinary suspensory w/o leg tube each	
270	A5112	Urinary leg bag	
270	A5113	Latex leg strap	
270	A5114	Foam/fabic leg strap	1 per calendar month
270	A5120	Skin barrier wipes or swabs each	
270	A5121	Solid skin barrier 6x6	20 per calendar month
270	A5122	Solid skin barrier 8x8	20 per calendar month
270	A5126	Disk/foam pad +or- adhesive	10 per calendar month
270	A6010	Collagen based wound filler, dry form, per gram of collagen	
270	A6011	Collagen based wound filler, gel/paste, per gram of collagen	

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Revenue Code	HCPCS	Description	Limits
270	A6021	Collagen drsg, size 16 sq inches or less, each	
270	A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches	
270	A6023	Collagen drsg, more than 48 square inches, each	
270	A6024	Collagen drsg wound filler, per 6 inches	
270	A6154	Wound pouch each	
270	A6196	Alginate dressing <=16 sq in	
270	A6197	Alginate drsg >16 <=48 sq in	
270	A6203	Composite drsg <= 16 sq in	
270	A6204	Composite drsg >16<=48 sq in	
270	A6207	Contact layer >16<= 48 sq in	
270	A6209	Foam drsg <=16 sq in w/o bdr	
270	A6210	Foam drg >16<=48 sq in w/o b	
270	A6211	Foam drg > 48 sq in w/o brdr	
270	A6212	Foam drg <=16 sq in w/border	
270	A6214	Foam drg > 48 sq in w/border	
270	A6216	Non-sterile gauze<=16 sq in	60 per calendar month
270	A6219	Gauze <= 16 sq in w/border	
270	A6220	Gauze >16 <=48 sq in w/bordr	
270	A6222	Gauze <=16 in no w/sal w/o b	
270	A6223	Gauze >16<=48 no w/sal w/o b	
270	A6224	Gauze > 48 in no w/sal w/o b	
270	A6229	Gauze >16<=48 sq in watr/sal	
270	A6231	Gauze, hydrogel, 16 sq in or less, each	
270	A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each	
270	A6233	Gauze, hydrogel, more than 48 sq inches, each	
270	A6234	Hydrocolld drg <=16 w/o bdr	
270	A6235	Hydrocolld drg >16<=48 w/o b	
270	A6236	Hydrocolld drg > 48 in w/o b	
270	A6237	Hydrocolld drg <=16 in w/bdr	
270	A6238	Hydrocolld drg >16<=48 w/bdr	
270	A6240	Hydrocolld drg filler paste	

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Revenue Code	HCPCS	Description	Limits
270	A6241	Hydrocolloid drg filler dry	
270	A6242	Hydrogel drg <=16 in w/o bdr	
270	A6243	Hydrogel drg >16<=48 w/o bdr	
270	A6244	Hydrogel drg >48 in w/o bdr	
270	A6245	Hydrogel drg <= 16 in w/bdr	
270	A6246	Hydrogel drg >16<=48 in w/b	
270	A6247	Hydrogel drg > 48 sq in w/b	
270	A6248	Hydrogel drsg gel filler	
270	A6250	Skin Sealant/ointment/protective barrier	
270	A6251	Absorpt drg <=16 sq in w/o b	
270	A6252	Absorpt drg >16 <=48 w/o bdr	
270	A6253	Absorpt drg > 48 sq in w/o b	
270	A6254	Absorpt drg <=16 sq in w/bdr	
270	A6255	Absorpt drg >16<=48 in w/bdr	
270	A6257	Transparent film <= 16 sq in	
270	A6258	Transparent film >16<=48 in	
270	A6259	Transparent film > 48 sq in	
270	A6260	Wound cleansers, any type any size	
270	A6261	Wound filler gel/paste, per fluid ounce	
270	A6266	Impreg gauze no h20/sal/yard	
270	A6402	Sterile gauze <= 16 sq in	
270	A6403	Sterile gauze>16 <= 48 sq in	
270	A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd	
270	A6441	Padding bandg. Non-elast. >=3" and < 5", per yard	
270	A6442	Conforming bandg. Non-sterile, width <3", per yard	
270	A6443	Conforming bandg. Non-sterile, widtth >=3' and < 5", per yard	
270	A6444	Conforming bandg. Non-sterile, width >=5", per yard	
270	A6445	Conforming bandg. Sterile, width <3", per yard	
270	A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard	
270	A6447	Conforming bandg. Sterile, width >= 5 ",per yard	
270	A6448	Lt. Compression bandg. Width , 3", per yard	

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Revenue Code	HCPCS	Description	Limits
270	A6449	Lt. Compression bandg. Width >= 3", < 5" per yard	
270	A6452	High compression bandg., width >=3 " and < 5", per yard	
270	A6453	Self-adherent bandg. Width <3", per yard	
270	A6454	Self-adherent bandg. Width >=3" and < 5", per yard	
270	A6455	Self-adherent bandg. Width >=5", per yard	
270	A6456	Zinc paste impregnated Width >= 3" and < 5" per yard	
270	A6457	Tubular DRSG. W or W/O elastic any width, per linear yard	
270	A7501	Tracheostoma valve, including diaphram, each	
270	A7502	Replacement diaphram/faceplate for trachostoma valve each	
270	A7503	Filter holder, cap reusable, tracheostoma each	
270	A7504	Filter, tracheostoma, heat and moisture exc, each	
270	A7505	Housing, reuable without adhesive tracheostoma, each	
270	A7506	Adhesive disc tracheostoma valve, any type, each	
270	A7507	Filter holder and filter without adhesive, tracheostoma, each	
270	A7508	Housing with adhesive, tracheostoma, each	
270	A7509	Filter holder with filter, adhesive, tracheostoma, each	
270	A7520	Trach/lary. Tube, noncuffed, PVC, Silicone or equal, each	
270	A7521	Trach/lary. Tube, cuffed, PVC, Silicone or equal, each	
270	A7522	Trach/lary. Tube, stainless steel or equal, sterilizable and reuable, each	
270	A7524	Tracheostoma stent/stud/button, each	
270	A7525	Tracheostomy mask, each	
270	A7526	Tracheostomy tube collar/holder, each	
270	A7527	Tracheostomy/laryngectomy tube plug/stop, each	
279	B4100	Thicket 240gm/8.53 oz **(1 oz = I unit)**	
279	B4100	Thicket, 900gm/32oz **(1 oz = 1 unit)**	
279	B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit	
279	B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit	
279	B4104	Additive for enteral formula e.g. fiber **(each)**	
279	B4149	unit	
279	B4150	Ensure 8 oz bottle	
279	B4150	Ensure 8 oz can liquid	

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Revenue Code	HCPCS	Description	Limits
279	B4150	Ensure one quart can liquid	
279	B4150	Ensure w/fiber	
279	B4150	Ensure High Protein 237 cc	
279	B4150	Osmolite 8oz Can	
279	B4150	Osmolite Isotonic 8 iz can liquid	
279	B4150	Osmolite one qt can liquid	
279	B4150	Osmolite HN ready to hang 1000cc bag	
279	B4150	Isomil Concentrate 13 oz can	
279	B4150	Isomil Ready to Feed 32 oz can	
279	B4150	Isocal HN 8oz can	
279	B4150	Isocal Ready To Use 8 oz can	
279	B4150	Isocal HCN 8 oz can	
279	B4150	Sustacal 8 oz can liquid	
279	B4150	Isocal Ready to Use 12 oz can	
279	B4150	Meritene Powder	
279	B4150	Isocal Liquid 32 oz Can	
279	B4150	NUTRAMIGEN 8 OZ BOTTLE	
279	B4150	OSMOLITE HN 32 OZ CAN	
279	B4150	Nutramigen 16 oz powder	
279	B4150	NUTRAMIGEN 32 OZ CAN	
279	B4150	PORTAGEN POWDER 1LB CAN	
279	B4150	ENSURE 14 OZ CAN POWDER	
279	B4150	OSMOLITE HN 8 0Z CAN	
279	B4150	RESOURCE 8 0Z 6 COUNT	
279	B4150	JEVITY 8 OZ CAN	
279	B4150	Jevity Plus	
279	B4150	Pedisure with Fiber	
279	B4150	PEDISURE 8 OZ CAN	
279	B4150	Jevity with fiber	
279	B4150	JEVITY 32 OZ CAN	
279	B4150	ISOSOURCE HN 8 0Z CAN	

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279	B4150	Isosource 8 oz can	
279	B4150	SIMILAC 60 40 POWDER PD CANS	
279	B4150	SIMILAC WITH IRON 8 OZ BOTTLE	
279	B4150	Similac Advance w/Iron powder 365 gms	
279	B4150	NUTRAMAGEN CONCENTRT/13 OZ	
279	B4150	SUSTACAL PUDDING 5 0Z CAN	
279	B4150	ENSURE HN 8 OZ	
279	B4150	ALIMENTUM 32 OZ CAN	
279	B4150	Enfamil Lacto Free	
279	B4150	Enfamil with iron	
279	B4150	ENFAMIL 13 OZ CONCENTRATE	
279	B4150	NUTRAMIGEN 32OZ READY TO USE	
279	B4150	SIMILAC SPECIAL CARE 4 OZ BTL	
279	B4150	SIMILAC 32 FLUID OZ CAN	
279	B4150	Similac with Neosure with iron	
279	B4150	SIMILAC 13 OUNCE CAN	
279	B4150	Probalance 8oz	
279	B4150	Fibersource 8oz can	
279	B4150	Fibersource HN 8oz can	
279	B4150	Similac with iron 13 oz cans	
279	B4150	Kindercal	
279	B4150	Ultracal	
279	B4150	Nutren 1.0 per can	
279	B4150	Nubasic 8.45 oz name change to Carnation Instant Breakfast Lactose Free	
279	B4150	Osmolite HN Plus	
279	B4150	PROMOTE WITH FIBER 8 OZ CAN	
279	B4150	Comply 8 ozs	
279	B4150	Isomil Soy with fe 8 ozs	
279	B4150	Boost High Protein	
279	B4150	Enfamil with fe 32 ozs	
279	B4150	Rehydralyte 240cc can	

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279	B4152	Respalor	
279	B4152	Resource Plus	
279	B4152	Complete Nutrition Plus Generic for Ensure Plus 8 ozs	
279	B4152	ENSURE PLUS 8 OZ CAN LIQUID	
279	B4152	MAGNACAL EIGHT OZ BOTTLE	
279	B4152	TWO CAL	
279	B4152	Deliver 8 oz can (2.0) #	
279	B4152	Boost Plus	
279	B4152	Boost	
279	B4152	Nubasic Plus name change to Carnation Instant Breakfast Lactose Free Plus	
279	B4152	Nutren 1.5	
279	B4152	Nutren 13 oz 2.0	
279	B4152	Isosource 1.5	
279	B4153	Subdue 8 oz. Per can pre-mixed	
279	B4153	Phenyl Free 2 HP 454 gm can	
279	B4153	Peptinex dt 250ml	
279	B4153	Impact w/glutamine	
279	B4153	Optimental 8 ozs	
279	B4153	Pediatric E028	
279	B4153	Pepdite 1 powder/pk	
279	B4153	Vivonex Ped	
279	B4153	VIVONEX STANDARD	
279	B4153	VIVONEX HIGH NITROGEN	
279	B4153	CRITICARE HN READY 8 OZ BOTTLE	
279	B4153	VITAL HIGH NITROGEN	
279	B4153	TRAVASORB 112.0 GM	
279	B4153	Neocate One Liquid	
279	B4153	Neocate Powder Can	
279	B4153	Neocate One Powder Pack	
279	B4153	Elecare Powder 14.1 oz	
279	B4153	Peptamen 1.5	

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279	B4153	Phenex-1 400 gm can, each	
279	B4154	Phenylade 454 gm can of powder	
279	B4154	Novasource Renal	
279	B4154	Lipisorb 8 ozs	
279	B4154	Choice DM per can	
279	B4154	Choice TF	
279	B4154	XP Manamun per can	
279	B4154	PREGESTIMIL 16 OZ CAN POWDER	
279	B4154	Pregestimil PDR 454gm	
279	B4154	ENRICH LIQUID 8 OZ CAN	
279	B4154	NUTRIMENT 12 OZ CAN LIQUID	
279	B4154	TRAOMACAL 8 OZ CAN	
279	B4154	ENRICH 32 OZ CAN	
279	B4154	PULMOCARE 8 OZ CAN	
279	B4154	AMINAID	
279	B4154	KDS PRE-ATTAIN 1000 ML BOTTLE	
279	B4154	REABILAN HN	
279	B4154	GLUCERNA/240 ML	
279	B4154	SMA 13 OZ CONCENTRATE	
279	B4154	HEPATIC AID II INST DRINK 93 GMS	
279	B4154	Free Powder	
279	B4154	Perative	
279	B4154	Suplena	
279	B4154	Vivonex Plus	
279	B4154	Vivonex Ten	
279	B4154	Nepro	
279	B4154	Novasource	
279	B4154	Diabetisource	
279	B4154	Protain-XL	
279	B4154	Periflex 454 gm/can	
279	B4154	Nutrivent	

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279	B4154	Alkitraq 2.68 oz	
279	B4154	Pro-Peptide, 250cc	
279	B4154	Glytrol	
279	B4155	Phenylade MTE 13 gm each	
279	B4155	Casec 10 oz. Powder	
279	B4155	Duocal 400 gm powder can	
279	B4155	Prosure 237ml	
279	B4155	Microlipids	
279	B4155	RCF Ross Carbo Free Soy	
279	B4155	MCT OIL CALORIE ADDITIVE QT	
279	B4155	Polycose Liquid	
279	B4155	POLYCOSE 12.30 OZ CAN POWDER	
279	B4155	PROMOD POWDER PROTEIN SUPP	
279	B4155	Moducal	
279	B4157	Enteral Formula special metabolic need thru a enteral feeding tube	
279	B4158	Enteral formula, for peds, adm. Thru enteral feeding tube	
279	B4158	Nutren Jr	
279	B4158	Nutren Jr with Fiber	
279	B4159	Enteral formula, peds, soy based adm. Thru enteral feeding tube	
279	B4160	Enteral formula, peds, calorically dense, thru enteral feeding tube	
279	B4161	Enteral formula, peds, hydrolyzed amino acids thru enteral feeding tube	
279	B4161	Peptamen JR	
279	B4162	enteral formula, peds, spec. metabolic needs for inherited disease	
270	T4521	Adult disposable brief/diaper small, each	192* per calender month
270	T4522	Adult disposable brief/diaper medium, each	192* per calender month
270	T4523	Adult disposable brief/diaper large, each	192* per calender month
270	T4524	Adult disposable brief/diaper x-large, each	192* per calender month
270	T4525	Adult disposable pull on small size, each	192* per calender month
270	T4526	Adult disposable pull on medium size, each	192* per calender month
270	T4527	Adult disposable pull on large, each	192* per calender month
270	T4528	Adult disposable pull on x-large, each	192* per calender month

Home Health Care Supply Schedule

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Revenue Code	HCPCS	Description	Limits
270	T4529	Pediatric brief/diaper small/medium, each	192* per calender month
270	T4530	Pediatric brief/diaper large, each	192* per calender month
270	T4531	Pediatric disposable pull on, small/medium, each	192* per calender month
270	T4532	Pediatric disposable pull on , large, each	192* per calender month
270	T4533	Youth brief/diaper , each	192* per calender month
270	T4534	Youth pull on, each	192* per calender month
270	T4535	Disp. incontinent liner/shield/guard/pad/undergarment, each	192 per calendar month
270	T4541	Incontinence product, disposable underpad, large, each	150 per calendar month
270	T4542	Incontinence product, disposable underpad, small, each	150 per calendar month

Home Health Care Supply Schedule

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Revenue Code	HCPCS	Description	Limits
NOTES:			
	"PA" = prior authorization required for all Home Health Care supplies		
	*** Items T4521 through T4534 limits include any combination of these codes. Maximun 192 each month.**		
	*** Item A4245 or A4247 PA approval for wound care, IV ports,cath care, g-tube, ileostomy sites and Pt. self care.**		
	*** An item that exceeds quantity limitations established in 9/07 KAR 1:479 (DME covered benefits and**		
		reimbursement or the Home Health Care supply schedule shall be reimbursed, upon prior	
		authorization and a determination of medical necessity by QIO, (Quality Improvement Organization).	