

KY Medicaid Private Duty Nursing (PT 18) Fee Schedule REVISED 9.25.2023

Notes:

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Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A4206	Syringe w/needle, sterile 1cc or less, each			\$0.33
A4207	Syringe with needle; sterile 2cc, each			\$0.27
A4208	Syringe with needle; sterile 3cc, each			\$0.28
A4209	Syringe with needle; sterile 5cc each			\$0.30
A4210	needle-free injection device, each			\$36.67
A4212	Noncoring needle or stylet w/wo catheter (Huber needle)			\$9.97
A4213	Syringe, sterile, 20cc or greater, each			\$1.11
A4215	Sterile needle only, any size, each			\$0.14
A4217	Sterile water/saline , 500 ml			\$2.92
A4218	Sterile saline or H2O metered dose dispenser 10 ML			M
A4221	Supplies for maintenance of drug infusion catheter per week, drug separate			\$24.76
A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag			\$4.83
A4244	Alcohol or peroxide, per pint			\$0.99
A4246	Betadine or PhisoHex solution, per pint			\$5.78
A4247	Betadine or iodine swabs/wipes per box		2 per calendar month	\$45.16
A4305	IV delivery system disposable 50 ml or greater per hour			M
A4310	Insert tray w/o bag/cath			\$7.42
A4311	Insertion tray w/o bag, with indwelling catheter, Foley type, 2-way latex			\$16.22
A4312	Cath w/o bag 2-way silicone			\$19.34
A4313	With indwelling catheter, Foley type, 3-way for continuous irrigation			\$20.26
A4314	Cath w/drainage 2-way latex			\$27.65
A4315	Cath w/drainage 2-way silicone			\$28.86
A4316	Cath w/drainage 3-way			\$31.05
A4320	Irrigation tray			\$5.83
A4322	Irrigation syringe, bulb or piston, each			\$3.28
A4326	Male external catheter w/integral collection chamber, any type each, made of rubber or plastic, designed to be washed & reused.		2 per calendar month	\$11.80



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A4331	External drainage tubing for urinary leg bag or urostomy, each			\$3.48
A4332	Lubricant, individual sterile, for insertion of urinary catheter, each			\$0.13
A4333	Urinary catheter anchoring device, adhesive skin attachment, each			\$2.41
A4334	Urinary catheter anchoring device, leg strap, each			\$5.38
A4338	Indwelling catheter Foley type, two-way latex with coating, each			\$13.41
A4340	Indwelling catheter, specialty type; Coude, mushroom, wing, etc, each			\$29.89
A4344	Catheter indwelling, Foley type, 2 way, all silicone, each			\$17.51
A4346	Catheter indwelling, Foley type, 3 way, for continuous irrigation, each			\$21.42
A4349	Male ext. catheter w or w/o adhesive, disposable, each			\$2.21
A4351	Intermittent urinary straight tip urine catheter, with or without coating			\$1.69
A4352	Intermittent urinary catheter, Coude tip, with or without coating			\$5.97
A4353	Intermittent urinary cath sterile catheterization kit			\$7.66
A4354	Insertion tray with drainage bag but without catheter			\$12.91
A4355	Bladder irrigation tubing set through a three-way indwelling Foley catheter, each			\$9.75
A4356	Ext urethral clamp or compression device		4 per year	\$49.89
A4357	Bedside drainage bag			\$9.02
A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each			\$6.17
A4361	Ostomy face plate			\$20.09
A4362	Ostomy Solid skin barrier			\$3.47
A4363	Ostomy Clamp, any type, each			\$2.20
A4364	Ostomy adhesive, liquid or equal, any type, per ounce			\$3.21
A4366	Ostomy vent, any type, each		1 per calendar month	\$1.42
A4367	Ostomy belt			\$8.04
A4368	Ostomy filter			\$0.28
A4369	Ostomy skin barrier liquid per oz			\$2.65
A4371	Ostomy skin barrier powder per oz			\$3.99
A4372	Ostomy Skin barrier solid 4x4 equiv			\$4.59
A4373	Ostomy skin barrier with flange			\$6.86
A4375	Ostomy drainable plastic pch w fcplt			\$18.79
A4376	Ostomy drainable rubber pch w fcplt			\$52.04
A4377	Ostomy drainable plastic pch w/o fcplt			\$4.70
A4378	Ostomy drainable rubber pch w/o fcplt			\$33.62
A4379	Ostomy urinary plastic pouch w fcplt			\$16.42
A4380	Ostomy urinary plastic pouch w/o fcplt			\$40.82
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each			\$5.05

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A4382	Ostomy urinary heavy plstc pch w/o fcplt			\$26.92
A4383	Ostomy urinary rubber pouch w/o fcplt			\$30.83
A4384	Ostomy faceplate/silicone ring			\$10.51
A4385	Ostomy skin barrier solid ext wear			\$5.58
A4387	Ostomy closed pouch with attached st barrier			\$2.45
A4388	Ostomy drainable pch w ex wear barr			\$4.78
A4389	Ostomy drainable pch w st wear barr			\$6.80
A4390	Ostomy drainable pch ex wear convex			\$10.50
A4391	Ostomy urinary pouch w ex wear barr			\$7.73
A4392	Ostomy urinary pouch w st wear barr			\$8.95
A4393	Ostomy urine pch w ex wear bar conv			\$9.89
A4394	Ostomy pouch liq deodorant w/wo lubricant			\$2.83
A4395	Ostomy pouch solid deodorant			\$0.05
A4396	Ostomy belt with peristomal hernia support			\$44.27
A4397	Ostomy irrigation supply sleeve			\$4.45
A4398	Ostomy irrigation bag			\$13.75
A4399	Ostomy irrig cone/cath w brush			\$11.96
A4400	Ostomy irrigation set			\$51.14
A4402	Lubriant	1 ounce		\$1.49
A4404	Ostomy ring each			\$1.63
A4405	Ostomy skin barrier, non-pectin based, paste, per oz			\$3.73
A4406	Ostomy skin barrier, pectin based, per oz			\$6.27
A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <			\$9.58
A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >			\$10.79
A4409	Ostomy skin barrier with flange			\$6.80
A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea			\$9.89
A4411	Ostomy skin barrier, solid 4X4 or eq. ext. wear, built in convexity, each			\$5.58
A4412	Ostomy pouch, drainable, high output, use on barrier w/o filter each			\$2.96
A4413	Ostomy pouch, drainable, high output, use on barrier w/ fl with filter ea			\$6.02
A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <			\$5.38
A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >			\$6.55
A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each			\$3.01
A4417	Ostomy pouch, closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each			\$4.07
A4418	Ostomy pouch, closed, w/o barrier att. W/filter 1 pc. Each			\$1.99
A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each			\$1.90



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, each		60 per calendar month	\$0.13
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		\$1.91
A4424	Ostomy pouch, drainable, w/barrier 1 pc, each			\$4.89
A4425	Ostomy pouch drainable, non-locking flange 2 pc each			\$3.68
A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each			\$2.81
A4427	Ostomy pouch, drainable , use on barrier w/locking flange, w/filter 2 pc, each			\$2.86
A4428	Ostomy pouch, urinary, extended wear faucet type tap, each			\$6.70
A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each			\$8.49
A4430	Ostomy pouch urinary, ext. wear, convexity, faucet tap, each			\$8.77
A4431	Ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.			\$6.40
A4432	Ostomy pouch, urinary, non-locking flange, faucet type, ea.			\$3.69
A4433	Ostomy pouch, urinary, w/locking flange, ea.			\$3.44
A4434	Ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.		60 per calendar month	\$6.32
A4450	Tape, non-water proof, 18 sq inches (18 inches = 1 unit)			\$0.09
A4452	Tape, water proof , 18 sq inches (18 inches = 1 unit)			\$0.39
A4455	Adhesive remover per ounce			\$3.76
A4456	Adhesive remover, wipes, any type, each			\$0.25
A4458	Enema			\$3.60
A4465	Non-elastic binder for extremity			M
A4623	Tracheostomy inner cannula			\$5.42
A4624	Tracheal suction tube			\$2.18
A4625	Trach care kit for new trach			\$5.73
A4626	Tracheostomy cleaning brush		2 per calendar month	\$4.09
A4628	Oropharyngeal suction cath			\$3.64
A4629	Tracheostomy care kit			\$4.50
A4657	Syringes, with or without needle (10 CC syringe)			\$11.29
A4930	Gloves, sterile per pair			\$2.26
A5051	Ostomy pouch clsd w barr attached			\$2.70
A5052	Ostomy pouch clsd w/o barrier			\$1.67
A5053	Ostomy pouch clsd; faceplate			\$1.44
A5054	Ostomy pouch clsd; w/flange			\$1.69
A5055	Ostomy: Stoma cap			\$1.29
A5061	Ostomy pouch drainable w barrier AT			\$4.14



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A5062	Ostomy pouch drainable w/o barr			\$2.45
A5063	Ostomy pouch drainable w/flange			\$3.01
A5071	Ostomy pouch, urinary w/barrier			\$4.69
A5072	Ostomy pouch, urinary w/o barrier			\$3.40
A5073	Ostomy pouch, urinary on barrier w/flng			\$3.12
A5081	Ostomy: Continent stoma plug		31 per calendar month	\$11.05
A5082	Ostomy: Continent stoma catheter		1 per calendar month	\$0.70
A5083	Ostomy: Continent device stoma absorptive cover for continent stoma each			\$2.14
A5093	Ostomy accessory convex insert			\$1.61
A5102	Bedside drain btl w/wo tube			\$21.90
A5105	Urinary suspensory with leg bag w/wo tube each			\$37.85
A5112	Urinary leg bag			\$4.38
A5113	Latex leg strap			\$8.32
A5114	Foam/fabric leg strap		1 per calendar month	\$0.24
A5120	Skin barrier wipes or swabs each			\$0.26
A5121	Solid skin barrier 6x6			\$8.79
A5122	Solid skin barrier 8x8			\$12.29
A5126	Disk/foam pad +or- adhesive			\$1.10
A5131	Cleaner, incontinence and ostomy appliances, per 16 oz.	16 ounce		\$14.03
A6010	Collagen based wound filler, dry form, per gram of collagen			\$31.86
A6011	Collagen based wound filler, gel/paste, per gram of collagen			\$2.34
A6021	Collagen drsg, size 16 sq inches or less, each			\$21.63
A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches			\$21.63
A6023	Collagen drsg, more than 48 square inches, each			\$6.77
A6024	Collagen drsg wound filler, per 6 inches			\$15.72
A6154	Wound pouch each			\$8.04
A6196	alginate dressing <=16 sq in, each			\$7.57
A6197	alginate drsg >16 <=48 sq in, each			\$16.91
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq in	each		\$5.78
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 in.	each		\$5.44
A6200	Composite dressing ,pad size 16 sq. in. or less, without adhesive border	each		\$19.60
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each		\$3.67
A6203	Composite drsg <= 16 sq in, each			\$3.45
A6204	Composite drsg >16<=48 sq in, each			\$6.41

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A6206	Contact layer, 16 sq. in. or less	each		\$8.02
A6207	Contact layer >16<= 48 sq in, each			\$7.56
A6209	Foam drsg <=16 sq in w/o bdr, each			\$21.79
A6210	Foam drsg >16<=48 sq in w/o b, each			\$20.50
A6211	Foam drsg > 48 sq in w/o brdr, each			\$30.22
A6212	Foam drsg <=16 sq in w/border, each			\$9.99
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		\$11.25
A6214	Foam drsg > 48 sq in w/border, each			\$11.04
A6215	Foam dressing, wound filler, per gram	per gram		\$0.05
A6216	Non-sterile gauze<=16 sq in, each			\$0.05
A6217	Non-sterile gauze>16 sq in <= 48", w/o adhesive border, each			\$0.10
A6218	Gauze, non impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border	each		\$1.04
A6219	Gauze <= 16 sq in w/border			\$0.98
A6220	Gauze >16 <=48 sq in w/border			\$2.66
A6222	Gauze <=16 in no w/sal w/o b			\$2.20
A6223	Gauze >16<=48 no w/sal w/o b			\$2.49
A6224	Gauze > 48 in no w/sal w/o b			\$3.71
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border	each		\$3.95
A6229	Gauze >16<=48 sq in water/sal			\$3.71
A6231	Gauze, hydrogel, 16 sq in or less, each			\$4.81
A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each			\$7.08
A6233	Gauze, hydrogel, more than 48 sq inches, each			\$7.15
A6234	Hydrocolld drsg <=16 w/o bdr, each			\$6.73
A6235	Hydrocolld drsg >16<=48 w/o b, each			\$17.31
A6236	Hydrocolld drsg > 48 in w/o b, each			\$28.04
A6237	Hydrocolld drsg <=16 in w/bdr, each			\$8.14
A6238	Hydrocolld drsg >16<=48 w/bdr, each			\$23.45
A6240	Hydrocolld drsg filler paste, each			\$12.59
A6241	Hydrocolloid drsg filler dry, each			\$2.65
A6242	Hydrogel drsg <=16 in w/o bdr, each			\$6.24
A6243	Hydrogel drsg >16<=48 w/o bdr, each			\$12.67
A6244	Hydrogel drsg >48 in w/o bdr, each			\$7.94
A6245	Hydrogel drsg <= 16 in w/bdr, each			\$7.48
A6246	Hydrogel drsg >16<=48 in w/b, each			\$10.21



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A6247	Hydrogel drsg > 48 sq in w/b, each			\$17.76
A6248	Hydrogel drsg gel filler per fl. oz			\$16.71
A6250	Skin Sealant/ointment/protective barrier		2 per month	\$22.87
A6251	Absorptive drsg <=16 sq in w/o b, each			\$2.05
A6252	Absorptive drsg >16 <=48 w/o bdr, each			\$3.34
A6253	Absorptive drsg > 48 sq in w/o b, each			\$6.53
A6254	Absorptive drsg <=16 sq in w/bdr, each			\$1.24
A6255	Absorptive drsg >16<=48 in w/bdr, each			\$3.12
A6257	Transparent film <= 16 sq in, each			\$1.49
A6258	Transparent film >16<=48 in, each			\$4.18
A6259	Transparent film > 48 sq in, each			\$11.26
A6260	Wound cleansers, any type any size			\$26.84
A6261	Wound filler gel/paste, per fluid ounce			\$0.55
A6262	Wound filler, dry form, per gm, NOC	1 gm		\$2.11
A6266	Impregnated gauze no h20/sal/yard			\$0.13
A6402	Sterile gauze <= 16 sq in, each			\$0.11
A6403	Sterile gauze>16 <= 48 sq in, each			\$0.44
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border	each		\$2.06
A6407	Packing strips, non-impregnated, up to 2 inches in width, per linear yd			\$1.93
A6441	Padding bandg. Non-elast. >=3" and < 5", per yard			\$0.69
A6442	Conforming bandg. Non-sterile, width <3", per yard			\$0.18
A6443	Conforming bandg. Non-sterile, width >=3' and < 5", per yard			\$0.29
A6444	Conforming bandg. Non-sterile, width >=5", per yard			\$0.58
A6445	Conforming bandg. Sterile, width <3", per yard			\$0.44
A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard			\$0.42
A6447	Conforming bandg. Sterile, width >= 5 ",per yard			\$0.69
A6448	Lt. Compression bandg. Width , 3", per yard			\$1.20
A6449	Lt. Compression bandg. Width >= 3", < 5" per yard			\$1.80
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in.	per yard		\$1.00
A6452	High compression bandg., width >=3 " and < 5", per yard			\$0.68
A6453	Self-adherent bandg. Width <3", per yard			\$0.63
A6454	Self-adherent bandg. Width >=3" and < 5", per yard			\$0.79
A6455	Self-adherent bandg. Width >=5", per yard			\$1.43
A6456	Zinc paste impregnated width >=3" and < 5", per yard			\$1.31
A6457	Tubular DRSG. W or W/O elastic any width, per linear yard			\$1.18

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
A7501	Tracheostoma valve, including diaphragm, each			\$54.59
A7502	Replacement diaphragm/faceplate for Tracheostoma valve, each			\$12.40
A7503	Filter holder, cap reusable, Tracheostoma, each			\$0.74
A7504	Filter, Tracheostoma, heat and moisture exc, each			\$5.12
A7505	Housing, reusable without adhesive, Tracheostoma, each			\$0.36
A7506	Adhesive disc, Tracheostoma valve, any type, each			\$2.72
A7507	Filter holder and filter without adhesive, Tracheostoma, each			\$3.13
A7508	Housing with adhesive, Tracheostoma, each			\$1.55
A7509	Filter holder with filter, adhesive, Tracheostoma, each			\$51.92
A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each			\$46.18
A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each			\$45.76
A7522	Trach/laryn. Tube, stainless steel or equal, sterilizable and reusable, each			\$43.92
A7524	Tracheostoma stent/stud/button, each			\$2.26
A7525	Tracheostomy mask, each			\$2.01
A7526	Tracheostomy tube collar/holder, each			\$3.27
A7527	Tracheostomy/laryngectomy tube plug/stop, each			\$3.68
B4100	Food thickener, administered orally, per oz. (1 oz = 1 unit)			M
B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit			M
B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit			M
B4104	Additive for enteral formula e.g. fiber			M
B4149	Enteral formula, blenderized natural foods, thru enteral feeding tube			\$1.52
B4150	enteral formula, nutritionally complete with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			\$0.65
B4152	Enteral formula, nutritionally complete, calorically dense,(equal to or > than 1.5 kcal/ml) with intact nutrients incl.proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			\$0.54
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids & peptide chain), incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			\$1.85
B4154	enteral formula, nutritionally complete, for special metabolic needs, excl. inherited disease of metabolism, incl. altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may incl fiber, adm through an enteral feeding tube			\$1.18
B4155	enteral formula, nutritionally incomplete/modular nutrients, incl. specific nutrients, carbohydrates, (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, adm through an enteral feeding tube, 100 calories = 1 unit			\$0.92



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
B4157	enteral formula, nutritionally complete, for special metabolic needs, for inherited disease of metabolism, incl. proteins, fats, carbohydrates, vitamins and minerals, may incl fiber, adm through an enteral feeding tube			M
B4158	Enteral formula, for peds, nutritionally complete with intact nutrients, incl. protein, fats, carbohydrates, vitamins and minerals, may incl. fiber and/or iron, adm through an enteral feeding tube			M
B4159	Enteral formula, for peds, nutritionally complete soy based with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber and/or iron, adm through enteral feeding tube			M
B4160	Enteral formula, for peds, nutritionally complete, calorically dense(equal to or > than 0.7 kcal/ml) with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			M
B4161	Enteral formula, for peds, hydrolyzed/amino acids and peptide chain proteins, incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			M
B4162	enteral formula, for peds, special metabolic needs for inherited disease of metabolism, incl proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube			M
T4521	Adult disposable brief/diaper small	each	192	\$0.74
T4522	Adult disposable brief/diaper medium	each	192	\$0.78
T4523	Adult disposable brief/diaper large	each	192	\$0.86
T4524	Adult disposable brief/diaper X - large	each	192	\$0.86
T4525	Adult disposable pull on small	each	192	\$0.76
T4526	Adult disposable pull on medium	each	192	\$0.78
T4527	Adult disposable pull on large	each	192	\$0.86
T4528	Adult disposable pull on X- large	each	192	\$0.86
T4529	Pediatric brief/diaper, small/medium	each	192	\$0.49
T4530	Pediatric brief/diaper, large	each	192	\$0.55
T4531	Pediatric disposable pull on small/medium	each	192	\$0.70
T4532	Pediatric disposable pull on large	each	192	\$0.85
T4533	Youth brief/diaper	each	192	\$0.67
T4534	Youth disposable pull on	each	192	\$0.84
T4541	Disposable under pad, large	each	150	\$0.43
T4542	Disposable under pad, small	each	150	\$0.43
T4543	Disposable brief/diaper, bariatric, XXL	each	192	\$1.29
T4535	Disposable incontinence liner/shield/guard/pad/undergarment	each	192	\$1.07

