

HOME HEALTH SERVICES VISITS			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
RC420	Physical Therapy	1 visit	\$ 114.88
RC424	Physical Therapy - Evaluation	1 visit	\$ 114.88
RC430	Occupational Therapy	1 visit	\$ 114.88
RC434	Occupational Therapy - Evaluation	1 visit	\$ 114.88
RC440	Speech Therapy	1 visit	\$ 114.88
RC444	Speech Therapy - Evaluation	1 visit	\$ 114.88
RC550	Observation/Evaluation of stable patient	1 visit	\$ 108.31
RC551	Skilled Nursing Visit for Prefilling insulin syringes	1 visit	\$ 108.31
RC559	Skilled Nursing Visit for Prefilling medicine planners	1 visit	\$ 108.31
RC570	Home Health Aide	1 visit	\$ 49.55
RC580	Skilled Nursing Visit for Venipuncture	1 visit	\$ 108.31
RC581	Skilled Nursing Visit Denied by Medicare for dually-eligible patient	1 visit	\$ 108.31
RC589	Skilled Nursing Visit meeting Medicare criteria	1 visit	\$ 108.31
RC590	Skilled Nursing Visit/Not Otherwise Classified	1 visit	\$ 108.31
HOME HEALTH CARE MEDICAL SUPPLIES SKIN CARE (DECUBITUS) SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
E0191	Heel or elbow protector	each	\$ 8.49
E0199	Dry pressure pad for mattress, standard mattress length and width	each	\$ 27.23
HOME HEALTH CARE MEDICAL SUPPLIES SOLUTIONS			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4216	Sterile saline or water, 10 ml	10 ml	\$ 0.40
A4217	Sterile saline or water, 500ml	500 ml	\$ 2.66
A4244	Alcohol or Peroxide, per pint	1 pint	\$ 1.00
A4246	Betadine or PhisoHex solution, per pint	1 pint	\$ 5.82
A4321	Therapeutic agent for urinary catheter irrigation (acetic acid - 250 to 1,000 cc)	1 bottle	\$ 7.50
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	\$ 6.56
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc)	each	\$ 14.84
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	\$ 18.52
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each	\$ 25.29

**HOME HEALTH CARE MEDICAL SUPPLIES  
CATHETER SUPPLIES ( continued)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	each	\$ 28.40
A4320	Irrigation tray with bulb or piston syringe, any purpose	each	\$ 4.53
A4322	Irrigation syringe, bulb or piston	each	\$ 2.93
A4328	Female external urinary collection device; pouch	each	\$ 10.25
A4334	Urinary catheter anchoring device, leg strap	each	\$ 4.93
A4335	Incontinence supply; miscellaneous (catheter care kit)	each	\$ 4.31
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	each	\$ 10.87
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.)	each	\$ 26.99
A4344	Indwelling catheter, Foley type, two-way, all silicone	each	\$ 14.35
A4349	Male external catheter, with or without adhesive, disposable	each	\$ 2.02
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	each	\$ 1.54
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	each	\$ 5.94
A4353	Intermittent urinary catheter, with insertion supplies	each	\$ 7.00
A4354	Insertion tray with drainage bag but without catheter	each	\$ 11.80
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	each	\$ 9.70
A4358	Urinary leg bag; vinyl, with or without tube	each	\$ 6.63

**HOME HEALTH CARE MEDICAL SUPPLIES  
SYRINGES and INTRAVENOUS /PARENTERAL SUPPLIES**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4206	Syringe with needle, sterile, 1 cc (or smaller)	each	\$ 0.36
A4207	Syringe with needle, sterile, 2cc	each	\$ 0.30
A4208	Syringe with needle, sterile, 3cc	each	\$ 0.31
A4209	Syringe with needle, sterile, 5 cc or greater	each	\$ 0.33
A4212	Non-coring needle or stylet with or without catheter (Huber needle)	each	\$ 10.58
A4213	Syringe, sterile, 20 cc or greater	each	\$ 1.12
A4215	Needle only, sterile, any size	each	\$ 0.14
A4657	Syringe, with or without needle (less than 20 cc)	each	\$ 0.32
B9999	NOC for parenteral supplies (IV infusion start kit)	each	\$ 2.77
S1015	IV tubing extension set (IV administration set)	each	\$ 4.59
T5999	Supply, not otherwise specified (Venipuncture kit)	each	\$ 2.39

**HOME HEALTH CARE MEDICAL SUPPLIES  
DRESSING SUPPLIES**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4461	Surgical dressing holder, nonreusable, each	each	\$ 3.29
A4550	Surgical tray (suture removal set)	each	\$ 4.41
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less	each	\$ 7.35
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	\$ 16.44
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq in	each	\$ 20.03
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 in.	each	\$ 5.29
A6200	Composite dressing ,pad size 16 sq. in. or less, without adhesive border	each	\$ 9.50
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 20.80
A6203	Composite dressing ,pad size 16 sq. in. or less, with any size adhesive border	each	\$ 3.35
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	\$ 6.23
A6206	Contact layer, 16 sq. in. or less	each	\$ 14.59
A6207	Contact layer, more than 16 sq. in but less than or equal to 48 sq. in.	each	\$ 7.34
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 7.48
A6210	Foam dressing, wound cover, pad size more than16 sq. in. but less than or equal to 48 sq. in., without adhesive border	each	\$ 19.92
A6211	Foam dressing, wound cover, pad size more than 48 sq. in. without adhesive border	each	\$ 29.37
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 9.70
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	\$ 21.17
A6215	Foam dressing, wound filler, per gram	per gram	\$ 11.73
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	\$ 0.95
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	\$ 2.58

**HOME HEALTH CARE MEDICAL SUPPLIES  
DRESSING SUPPLIES (CONT'D)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border	each	\$ 2.13
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	\$ 2.42
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border	each	\$ 3.61
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 6.54
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	\$ 16.82
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border	each	\$ 27.25
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 7.91
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	\$ 22.79
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 6.07
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	\$ 12.31
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border	each	\$ 7.27
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	\$ 9.92
A6248	Hydrogel dressing, wound filler, gel	1 oz	\$ 16.24
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border	each	\$ 1.99
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	\$ 3.25
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in. without adhesive border	each	\$ 6.34
A6257	Transparent film, 16 sq. in. or less	each	\$ 1.53
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in.	each	\$ 4.30
A6259	Transparent film, more than 48 sq. in.	each	\$ 10.94
A6260	Wound cleansers, any type, any size	each	\$ 27.00
A6261	Wound filler, gel paste, per fl.oz, NOC	fl. Oz.	\$ 28.48
A6262	Wound filler, dry form, per gm, NOC	1 gm	\$ 0.58
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border	each	\$ 0.12

**HOME HEALTH CARE MEDICAL SUPPLIES  
DRESSING SUPPLIES (CONT'D)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
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	\$ 0.43
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border	each	\$ 0.49
A6407	Gauze packing strips, non-impregnated, up to 2 inches wide	per yard	\$ 1.88
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 0.29
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 in.	per yard	\$ 0.56
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 0.41
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 in.	per yard	\$ 0.67
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 1.75
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in.	per yard	\$ 1.06
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than 3 in. (Dynaflax elastic bandage, Coban)	per yard	\$ 0.61

**HOME HEALTH CARE MEDICAL SUPPLIES  
DRESSING SUPPLIES (CONT'D)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 3 in. and less than 5 in. (Dynaflax elastic bandage, Coban)	per yard	\$ 0.77
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 5 in. (Dynaflax elastic bandage, Coban)	per yard	\$ 1.39
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in.	per yard	\$ 1.28
A6457	Tubular dressing with or without Elastic, any width, per linear yard	per yard	\$ 1.14
A9999	Miscellaneous DME supply, not otherwise specified (Dynaflax, Profore, etc. layered cohesive kit)	each	\$ 27.76

**HOME HEALTH CARE MEDICAL SUPPLIES  
OSTOMY SUPPLIES**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4362	Skin Barrier; Solid, 4 X 4 or equivalent	each	\$ 3.46
A4364	Adhesive (for ostomy or catheter), liquid, or equal, any type	1 ounce	\$ 5.97
A4365	Adhesive remover wipes, any type	1 box	\$ 11.32

**HOME HEALTH CARE MEDICAL SUPPLIES  
OSTOMY SUPPLIES (continued)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4367	Ostomy Belt	each	\$ 6.25
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	\$ 4.18
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size	each	\$ 6.28
A4375	Ostomy pouch, drainable, with faceplate attached, plastic	each	\$ 17.18
A4377	Ostomy pouch, drainable, for use on faceplate, plastic	each	\$ 4.29
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each	\$ 15.02
A4381	Ostomy pouch, urinary, for use on faceplate, plastic	each	\$ 4.61
A4385	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, without built-in convexity	each	\$ 5.10
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 Piece)	each	\$ 4.36
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity (1 piece)	each	\$ 9.61
A4394	Ostomy Deodorant, with or without lubricant, for use in ostomy pouch	fl. Oz.	\$ 2.58
A4397	Irrigation supply; sleeve	each	\$ 4.07
A4398	Ostomy irrigation supply; bag	each	\$ 13.81
A4399	Ostomy irrigation supply; cone/catheter, including brush	each	\$ 12.15
A4400	Ostomy irrigation set	each	\$ 41.54
A4404	Ostomy rings	each	\$ 1.44
A4405	Ostomy skin barrier, non pectin based, paste	1 ounce	\$ 4.25
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	\$ 9.87
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller	each	\$ 6.22
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	\$ 5.10
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller	each	\$ 4.93
A4415	ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each	each	\$ 6.00
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece)	each	\$ 2.75

**HOME HEALTH CARE MEDICAL SUPPLIES  
OSTOMY SUPPLIES (continued)**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>MAXIMUM RATE/UNIT</b>
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece)	each	\$ 3.72
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece)	each	\$ 1.81
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece)	each	\$ 1.74
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece)	each	\$ 1.86
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece)	each	\$ 4.75
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system)	each	\$ 3.58
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system)	each	\$ 2.73
A4427	Ostomy pouch, drainable; for use on barrier with locking flange with filter (two piece system)	each	\$ 2.78
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece)	each	\$ 6.51
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece)	each	\$ 8.25
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece)	each	\$ 8.52
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece)	each	\$ 6.22
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece)	each	\$ 3.59
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece)	each	\$ 3.34
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	1 ounce	\$ 3.84
A4462	Abdominal dressing holder	each	\$ 3.36
A4558	Conductive paste or gel	1 jar	\$ 5.45
A5051	Ostomy pouch, closed; with barrier attached (one piece)	each	\$ 2.75
A5052	Ostomy pouch, closed; without barrier attached (one piece)	each	\$ 1.70
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece)	each	\$ 1.72
A5055	Stoma cap	each	\$ 1.26
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

HOME HEALTH CARE MEDICAL SUPPLIES OSTOMY SUPPLIES (continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece)	each	\$ 3.18
A5120	Skin barrier, wipes or swabs, each	each	\$ 0.24
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
HOME HEALTH CARE MEDICAL SUPPLIES TRACHEOSTOMY SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4623	Tracheostomy, inner cannula (replacement only)	each	\$ 5.57
A4624	Tracheal suction catheter, any type	each	\$ 2.24
A4625	Tracheostomy care kit for new tracheostomy	each	\$ 5.89
A4628	Oropharyngeal suction catheter	each	\$ 3.74
A4629	Tracheostomy care kit for established tracheostomy	each	\$ 4.63
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal	each	\$ 47.48
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal	each	\$ 47.05
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable)	each	\$ 45.16
A7525	Tracheostomy mask	each	\$ 2.07
A7526	Tracheostomy tube collar/holder	each	\$ 3.37
HOME HEALTH CARE MEDICAL SUPPLIES TRACHEOSTOMY SUPPLIES (continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A7527	Tracheostomy/laryngectomy tube plug/stop	each	\$ 3.58
S8189	Tracheostomy supply, not otherwise classified	each	\$ 0.31
HOME HEALTH CARE MEDICAL SUPPLIES MISCELLANEOUS SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4250	Urine test or reagent strips	100/box	\$ 26.06
A4253	Blood glucose test or reagent strips for home blood glucose monitor	50/pkg	\$ 33.94
A4258	Spring-powered device for lancet	each	\$ 18.05
A4259	Lancets	100/box	\$ 12.06
A4320	Irrigation tray with bulb or piston syringe, any purpose	each	\$ 4.53
A4322	Irrigation syringe, bulb or piston	each	\$ 2.93
A4450	Tape, non-waterproof, per 18 sq. in.	18 sq in	\$ 0.09
A4452	Tape, waterproof, per 18 sq. in.	18 sq in	\$ 0.36
A4458	Enema bag with tubing, reusable	each	\$ 3.45
A4927	Non-sterile exam gloves	100/box	\$ 11.16
A4930	Sterile surgical gloves	1 pair	\$ 0.88



HOME HEALTH CARE MEDICAL SUPPLIES MISCELLANEOUS SUPPLIES (continued)			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
B4081	Nasogastric tubing with stylet	each	\$ 22.55
B4082	Nasogastric tubing without stylet	each	\$ 16.78
B4083	Stomach tubing - Levine type	each	\$ 2.57
B4087	Gastrostomy/jejunostomy tube, any material, any type	each	\$ 17.86
B4088	Gastrostomy/jejunostomy tube, low profile, any material, any type	each	\$ 137.02
S5199	Personal care items (Fleet Enemas)	each	\$ 1.49
T1999	Miscellaneous therapeutic Item	each	\$ -
HOME HEALTH CARE MEDICAL SUPPLIES INCONTINENCE SUPPLIES			
HCPCS CODE	DESCRIPTION	BILLING UNIT	MAXIMUM RATE/UNIT
A4554	Disposable underpads, all sizes (e.g. Chux's)	each	\$ 0.55
T4521	Adult sized disposable incontinence product, brief/diaper, small	each	\$ 0.95
T4522	Adult sized disposable incontinence product, brief/diaper, medium	each	\$ 0.95
T4523	Adult sized disposable incontinence product, brief/diaper, large	each	\$ 0.95
T4524	Adult sized disposable incontinence product, brief/diaper, extra large	each	\$ 0.95
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size	each	\$ 0.95
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size	each	\$ 0.95
T4533	Youth-sized disposable incontinence product, brief/diaper	each	\$ 0.95

Note: Brand names are given only as an example of items similar in purpose and function. Providers