

# KY Medicaid Private Duty Nursing (PT 18) Fee Schedule REVISED 08/27/2024

## Notes:

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- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.



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



Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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
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
T1000	Private Duty/Independent NSG	15 min	96 units per 24 HR	\$15.00
T4521	Adult disposable brief/diaper small	each	192	\$0.74

Procedure Code	Procedure Description	Billing Unit	Limits	Pricing
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