Renal Dialysis Effective 7/1/2026 Revised 7/28/2026
Payment Allowance Limits for Medicare Part B Drugs

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Effective July 1, 2026 through June 30, 2027

Notes:

- Payment allowance limits subject to the ASP methodology are based on 1Q25 ASP data.
- The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate whether Medicare covers a drug. These determinations shall be made by the local Medicare contractor processing the claim.
- Red or asterisk (*) indicates new codes or changes for the most current revision date.
- Blue or double asterisk (**) indicates code is end dated
- Billing Instructions Link
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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HCPCS Code	Short Description	HCPCS Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Notes
**90670	Pcv13 vaccine im	0.5 ML	257.989	0.000	257.989	Removed from Renal Dialysis Fee Schedule, reimburseable through Preventive and Physician Fee Schedules. DMS termed 6/30/2026
**90732	Ppsv23 vacc 2 yrs+ subq/im	0.5 ML	133.472	0.000	133.472	Removed from Renal Dialysis Fee Schedule, reimburseable through Preventive and Physician Fee Schedules. DMS termed 6/30/2026
**90740	Hepb vacc 3 dose immunsup im	40 MCG	164.422	0.000	164.422	Removed from Renal Dialysis Fee Schedule, reimburseable through Preventive and Physician Fee Schedules. DMS termed 6/30/2026
**90746	Hepb vaccine 3 dose adult im	20 MCG	70.376	0.000	70.376	Removed from Renal Dialysis Fee Schedule, reimburseable through Preventive and Physician Fee Schedules. DMS termed 6/30/2026
90747	Hepb vacc 4 dose immunsup im	40 MCG	*119.42	0.000	*119.42	
J0360	Hydralazine hcl injection	20 MG	*4.288	20.000		
J0612	Calcium glucon (fresenius)	10 MG	*0.028	20.000		
J0613	Calcium glucon (wg critical)	10 MG	*0.07	20.000		
J0690	Cefazolin sodium injection	500 MG	*0.845	20.000		

HCPCS Code	Short Description	HCPCS Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Notes
J0696	Ceftriaxone sodium injection	250 MG	*0.43	20.000		
J0713	Inj ceftazidime per 500 mg	500 MG	*1.405	20.000		
J0744	Ciprofloxacin iv	200 MG	*0.755	20.000		
J0882	Darbepoetin alfa, esrd use	1 MCG	*3.072	20.000		
J0885	Epoetin alfa, non-esrd	1000 UNITS	*7.305	20.000		
J0887	Epoetin beta esrd use	1 MCG	*1.033	20.000		
J0895	Deferoxamine mesylate inj	500 MG	*8.577	20.000		
J1270	Injection, doxercalciferol	1 MCG	*0.307	20.000		
J1580	Garamycin gentamicin inj	80 MG	*1.928	20.000		
J1644	Inj heparin sodium per 1000u	1000 UNITS	*0.221	20.000		
J1720	Hydrocortisone sodium succ i	100 MG	*22.141	20.000		
J1756	Iron sucrose injection	1 MG	*0.223	20.000		
J1955	Inj levocarnitine per 1 gm	1 GM	*23.087	20.000		
J1956	Levofloxacin injection	250 MG	*2.163	20.000		
J2060	Lorazepam injection	2 MG	*1.66	20.000		
J2501	Paricalcitol	1 MCG	*1.022	20.000		AMP-based payment limit
J2550	Promethazine hcl injection	50 MG	*3.344	20.000		
J2765	Metoclopramide hcl injection	10 MG	*0.953	20.000		
J2916	Na ferric gluconate complex	12.5 MG	*2.393	20.000		
J2997	Alteplase recombinant	1 MG	*95.09	20.000		
J3250	Trimethobenzamide hcl inj	200 MG	*57.22	19.850		Inflation-adjusted coinsurance
J3260	Tobramycin sulfate injection	80 MG	*2.019	20.000		
J3360	Diazepam injection	5 MG	*8.508	20.000		
**J3370	Vancomycin hcl injection	500 MG	1.949	20.000		CMS Termed 6/30/2025
*J3373	*Inj, vancomycin hcl	*'10 MG	*0.03	*20.000		*CMS Replacement code of J3370
J3420	Vitamin b12 injection	1000 MCG	*0.667	20.000		
Q4081	Epoetin alfa, 100 units esrd	100 UNITS	*0.73	20.000		

KY Medicaid Renal Dialysis Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
7/1/2024	End dated the following codes per CMS: J0636 and J1030 Price changes on the following codes: 90740, J0360, J0612, J0613, J0690, J0696, J0713, J0744, J0882, J0885, J0887, J0895, J1270, J1580, J1644, J1720, J1756, J1955, J1956, J2060, J2501, J2550, J2765, J2916, J2997, J3250, J3260, J3360, J3370, J3420, Q4081	6/14/2024
7/1/2025	**Price changes on the following codes:** 90740, J0360, J0612, J0613, J0690, J0696, J0713, J0744, J0882, J0885, J0887, J0895, J1270, J1580, J1644, J1720, J1756, J1955, J1956, J2060, J2501, J2550, J2765, J2916, J2997, J3250, J3260, J3360, J3370, J3420, Q4081 **Removed:** J0610 end dated by AMA 3/31/2023	7/1/2025
7/1/2026	**Price changes on the following codes:** 90747, J0360, J0612, J0613, J0690, J0696, J0713, J0744, J0882, J0885, J0887, J0895, J1270, J1580, J1644, J1720, J1756, J1955, J1956, J2060, J2501, J2550, J2765, J2916, J2997, J3250, J3260, J3360, J3420, Q4081 **Removed DMS Termed, effective 6/30/2025, reimburseable on Physician and Preventive Fee Schedules:** 90670, 90732, 90740, 90746. **Removed from Fee Schedule, CMS Termed, effective 6/30/2024:** J0636, J1030 **Code J3373 added as a replacement code for termed code J3370, effective 7/1/2026.**	7/28/2026